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THESIS

MILITARY HEALTH CARE SYSTEM: COMPARING OBSTETRICS COSTS BETWEEN A MILITARY TREATMENT FACILITY AND CHAMPUS

by

Julito Pedrozo Laluan

September, 1991

Thesis Advisor: Dr. Dan Trietsch

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For more than three decades, two systems or programs have provided health care for military beneficiaries: (1) the direct care system, whereby beneficiaries obtain health care services from military treatment facilities (MTFs), and (2) CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), a health program in which beneficiaries receive care from civilian facilities. The high cost to DoD of supplying inexpensive medical care, as well as concern over timeliness of service, has prompted many suggestions for reforming the military health care system. Based on the above, the objective of this research is to compare costs between a military treatment facility and CHAMPUS and to determine whether a given MTF can provide inpatient care to its beneficiaries at lower cost than through CHAMPUS. By comparing MTF and CHAMPUS costs, a given MTF can identify those specialty areas in which to reduce costs either by increasing workload (use of recapture and/or normal increase of appointments) or increasing referrals to outside health care providers.

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Military Health Care System: Comparing Obstetrics Costs Between A Military Treatment Facility And CHAMPUS

by

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September 1991

ABSTRACT

For more than three decades, two systems or programs have provided health care for military beneficiaries: (1) the direct care system, whereby beneficiaries obtain health care services from military treatment facilities (MTFs), and (2) CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), a health program in which beneficiaries receive care from civilian facilities. The high cost to DoD of supplying inexpensive medical care, as well as concern over timeliness of service, has prompted many suggestions for reforming the military health care system. Based on the above, the objective of this research is to compare costs between a military treatment facility and CHAMPUS and to determine whether a given MTF can provide inpatient care to its beneficiaries at lower cost than through CHAMPUS. By comparing MTF and CHAMPUS costs, a given MTF can identify those specialty areas in which to reduce costs either by increasing workload (use of recapture and/or normal increase of appointments) or increasing referrals to outside health care providers.

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I. INTRODUCTION

A. BACKGROUND

Champus is the Civilian Health and Medical Program of the Uniformed Services, a Department of Defense program for reimbursing individuals and health care providers for services provided for eligible beneficiaries and retirees. It picks up most of the costs for treatment in civilian medical facilities when military hospitals and clinics are too distant or busy. Basically, the dependents of active-duty members, retirees and their dependents under 65, some former spouses of service members, and certain survivors can use CHAMPUS. So may the families of reserve and National Guard members called to active duty. After paying an annual deductible, beneficiaries of active duty members are responsible for 20% of allowable charges for outpatient care and a small daily fee or $25.00 whichever is higher for inpatient care. Additionally, beneficiaries of retirees pay 25% for outpatient and inpatient care (after paying an annual deductible). However, some people are not eligible for CHAMPUS, such as active-duty military, parents, parents-in-law, and most persons eligible for Medicare hospitalization insurance.[Ref. 1:pp. 11-14]

For the past decade, the CHAMPUS budget has grown substantially as a result of several factors. First, the

Department of Defense has expanded in size significantly, resulting in a greater number of military personnel whose medical care is the responsibility of the military. Second, there is a rise in total national health care expenditures [Ref. 2:p. I-3,5]. These costs have grown excessively when compared to the acceptable level of inflation, as both personnel costs and technology related with health care services have increased. Also, there is a substantial number of service personnel entering the military with dependents compared to previous years. These additional dependents, especially children, have a tremendous need for medical services. Consequently, this need for health care far exceeds the capacity of overburdened military facilities.

B. OBJECTIVES OF THE RESEARCH

For more than three decades, two systems have provided health care for U.S. military beneficiaries: (1) the direct care system, whereby beneficiaries obtain health care services from military treatment facilities (MTF's), and (2) CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), a health program in which eligible beneficiaries receive care from civilian facilities.[Ref. 9:p. v)

The Department of Defense (DoD) now spends approximately $5 billion a year on medical services. About $4 billion of this spending covers most of the military treatment facilities (MTF). The cost to DoD of supplying inexpensive medical care,

as well as concern over timeliness of service, has prompted many suggestions for reforming the military health care system.

For the past 10 years, CHAMPUS costs have increased significantly. Inspite of the higher costs, CHAMPUS is not adequate nor fully acceptable because of its coverage limitations, high out-of-pocket costs compared to other forms of insurance, and program complexity.[Ref. 3:p. 1]

Based on the above, the objective of this research is to compare MTF and CHAMPUS costs and to determine whether a given MTF can provide inpatient care to its beneficiaries at lower cost than through CHAMPUS. The analysis provides a method of calculating MTF specialty cost per admission that can be compared to the equivalent specialty cost reported by CHAMPUS.

C. RESEARCH QUESTION

The primary question of the thesis is: Can we use inpatient treatment protocols as a basis or methodology for comparing costs between CHAMPUS and an MTF.

A subsidiary question is:

1. Will it be cost-effective to treat beneficiaries in military treatment facilities?

D. SCOPE

This thesis will concentrate on two localized areas: (1) Fort Ord Army Hospital (an MTF) in California, and (2) a localized area called catchment[1], in the vicinity of the military treatment facility. In order for the beneficiaries to use CHAMPUS, they must first obtain an NAS (non-availability statement) that the MTF cannot provide the required care.

The analysis and comparison of costs will be limited to a particular inpatient specialty or procedure, Obstetrics, which FT Ord can provide.

Within the financial records for the catchment area and Fort Ord Army Hospital, the procedure for analysis will focus on Obstetrics costs which were paid for by using CHAMPUS funds in 1990. This is the most recent year for which complete set and relevant data exists. Consequently, and for consistency, the costs to be used for the Ft Ord-MTF (Obstetrics) will be for 1990.

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[1]This catchment area include all beneficiaries residing near Fort Ord (within 40 mile radius) who use CHAMPUS as their primary insurer for inpatient care.

E. METHODOLOGY

Normally, participating health care providers bill CHAMPUS, and other government agencies according to a set of standards and codes for each procedure performed.

The research uses data on cost per admission from the CHAMPUS Inpatient Availability Statement (NAS) report. The analysis concentrates on the CHAMPUS cost for NAS (Obstetrics) cases because these cases are the best candidates for recapture. The Inpatient NAS report provides the combined cost of hospital and professional services for NAS cases in 27 hospital specialties.

The MTF cost per admission for obstetrics patients is developed using data from the Medical Expense and Performance Reporting System (MEPRS). MEPRS tracks total costs (hospitalization and physician costs) and occupied bed days (OBDs) by functional work centers. MEPRS data on cost per OBD by work center can be used to calculate cost per admission given information on treatment protocols that identify the number of days the typical patient remains in each MEPRS work center. The cost of each protocol is calculated by summing the product of number of days spent in each work center and corresponding cost per OBD.

II. THE MILITARY HEALTH CARE

A. OVERVIEW

Both Chapters II and III will further explore the DoD and CHAMPUS programs. These chapters will also note some differences between the two.

B. THE MILITARY HEALTH CARE SYSTEM AND ITS PROBLEMS

For many years, military beneficiaries have enjoyed unlimited medical benefits. However, for the past decade these benefits have shrunk for many beneficiaries as the military struggles to bring health care costs under control. Economic and political realities are making it harder to fulfill promises of adequate benefits for service members, retirees, and their dependents [Ref. 4:p. 10]. In addition, deductibles have tripled for CHAMPUS beneficiaries, except for dependents of service members below grade E-5, and dental premiums have gone up as well.

These cutbacks come on top of longstanding complaints of dependents and retirees about military medicine: crowded emergency rooms, long waits for appointments and limited access to dental care. Furthermore, staff shortages have prevented some military facilities from using all their services; some operating suites and intensive care units have been closed. The war in the Persian Gulf exacerbated the

situation, adding reservists' (who were called for active duty) families to those seeking services, while pulling staff away from military hospitals.

The military medical system is confusing for most beneficiaries. Different categories of people, active duty, retirees, and the dependents of each, eligible for different benefits. What they are eligible for is not necessarily what is available at their local installation.

To cope with skyrocketing medical costs, the military is moving towards enrolling CHAMPUS-eligible beneficiaries in networks of doctors who agree to rates set by the government. The consequence is that patients would lose the freedom to choose their own health care provider but would pay less and find more medical staff accessible.[Ref. 5:pp. 12-13]

C. UNDERSTANDING MILITARY HEALTH CARE

To understand military medicine, it is important to note that active-duty individuals are treated first before others. Preservation of the fighting force is military medicine's fundamental mandate. Treatment of others comes only if medical staff and resources are available after caring for those in uniform.

Second on the list are dependents of active-duty members, including dependents of reservists on active duty. Retirees and their dependents comes last.

As with any hospital, however, the military's priority list is put aside during emergencies. No one in need of emergency medical care is turned away.

Members on active duty receive free medical care, including hospitalization, medicines, immunization shots, regular physical exams and routine dental care. Also, all military hospitals can treat any member of the seven uniformed services: the Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration. And active-duty members who cannot get to a military facility for emergency medical care may be treated at civilian hospitals; the government will pay the bill.

Access to the Department of Defense's medical resources is controlled by DEERS (Defense Eligibility and Enrollment Reporting System). This is the military's computerized roster of people eligible for military benefits; active-duty personnel are automatically listed and family members qualifying as dependents must also be enrolled.

D. ACTIVE DUTY DEPENDENTS

Dependents of active-duty members and activated reserves are eligible for treatment at military treatment facilities as long as they are enrolled in DEERS.

Those qualifying as dependents include:

1. The spouse and unmarried children (under 21 years of age) of active-duty members;

2. Unmarried children over 21 who receive more than 50 percent of their financial support from a military parent (limited to children with physical or mental handicap);

3. Unmarried children not yet 23 years old who are full time students at accredited colleges and who must depend on a military parent;

4. Parents or parents-in-law who live in a residence provided or maintained by their active-duty son or daughter (in-law) and who receive more than half their financial support from the service member; and

5. Unremarried widows and widowers of active duty members or retirees.[Ref. 1:p. 15-20]

Dependents can receive different kinds of medical services at military treatment facilities and this includes but is not limited to: treatment of medical and surgical conditions, physical examinations, prescriptions and non-prescription drugs, maternity and infant care, diagnostic tests and services, emergency dental care, and ambulance service when medically necessary.

E. RETIREES' AND THEIR DEPENDENTS

As with active-duty dependents, retirees and their families do not face any charges for outpatient treatment at military treatment facilities.

Enlisted members are not charged for inpatient care while retired officers and warrant officers pay a nominal fee of

$4.90 a day for meals (for 1991). Spouses and dependents of retirees' are billed $8.55 a day (for 1991).

Retirees are also eligible for medical care from the Department of Veterans Affairs (VA). Priority is determined as follows:

1. First priority (Category A) includes all veterans with service connected disabilities; veterans claiming exposure to Agent Orange while serving in Vietnam; and those veterans claiming exposure to ionizing radiation through occupation in Hiroshima or Nagasaki, Japan following detonation of the nuclear device or through testing of those or other such devices. Veterans such as former prisoners of war are automatically included in Category A. Also included are veterans with an annual income of $17,240 or less if they have no dependents, or $20,688 with one dependent, plus $1,150 for each additional dependent. This group is considered mandatory; and

2. Discretionary care that is provided if space and resources are available, covers veterans with disabilities that are not service-connected and whose annual income is between $17,241-$22,986 if they have no dependents, or between $20,689-$$28733 with one dependent, plus $1,150 for each additional dependent. Veterans in this category must pay a deductible equal to what is paid under Medicare, $628 in 1991. They are also charged $10 a day for inpatient care, $5 a day for nursing home care, and $26 for each outpatient visit.[Ref. 6:pp. 17-18]

F. OTHER HEALTH CARE SERVICES

In an effort to reduce and alleviate overcrowding at military treatment facilities, the services have opened a number of medical clinics. These clinics are manned by civilian health care practitioners and under contract to provide primary care to both active-duty and retired military

members and their dependents. The Navy calls its clinics NavCare; the Army and Air Force call them PRIMUS. Eligible members and their dependents may avail themselves of any of these clinics, which offer services free of charge. Services available at these clinics includes treatment for minor illnesses, routine physical exams, diagnostic services, X-rays, prescriptions and laboratory work.

Members on active duty are also entitled to a complete dental care in military dental clinics. Active-duty dependents, including dependents of recalled reservists, retirees and their dependents, in that order of priority, may receive dental care at these facilities on a space-available basis. Such care is free, except that all dependents must pay for prosthetic devices. These charges reflect the cost of the materials and not the personnel costs.

The Department of Defense also offers active-duty dependents in the U.S. and its territories dental treatment by civilian dentists through an insurance plan. The plan provides diagnostic care, oral exams, and preventive care such as fluoride treatments, through participating dentists at no additional charge. The plan pays 80 percent of the other charges and the patient pays 20 percent.[Ref. 7:pp. 1-5]

III. THE CHAMPUS PROGRAM

A. BACKGROUND

Health care for military beneficiaries is provided through a dual system: The Navy, Air Force, and Army operate 137 hospitals and numerous clinics in the U.S. and overseas. When military treatment facilities cannot provide care for all eligible beneficiaries, their health care needs may be augmented by CHAMPUS, a health insurance plan that reimburses for health care services provided by civilian doctors to military dependents and beneficiaries below the age of 65. [Ref. 9:p. 1]

CHAMPUS was created by Congress to supplement the military's hospitals and clinics and to provide health care to retirees and their dependents who live far away from a military treatment facility.

However, CHAMPUS does not cover all medical procedures. Even in cases of treatments it does cover, CHAMPUS does not automatically reimburse patients for all costs.

B. THE CHAMPUS PROGRAM AND ITS PROBLEMS

CHAMPUS has not been without criticism. Complaints have surfaced regarding how much military families must pay and delays in reimbursement.

Increased usage, coupled with sharply rising medical costs, has led CHAMPUS running over budget in recent years. This problem is not unique to the CHAMPUS program and has been experienced by most health insurance programs covering payments to hospitals, doctors, and other health care providers.[Ref. 2:pp. I-8,9]

The CHAMPUS program was designed originally to augment the military hospitals. However, it has become more of an enhancement to the military health care system provided to service members and its eligible beneficiaries. This is evidenced by the increase in its budget and the number of claims filed. In 1989, its total DoD budget was $2,742.1 million, up from $2,506.3 million in 1988 [Ref. 2:p. III-3]. In 1989, the number of total claims was 11,657,348, up from 10,678,201 in 1988 [Ref. 2:p. VI-35].

C. HOW CHAMPUS PROGRAM WORKS

As with all health care programs, care is generally divided into outpatient and inpatient. Inpatient treatment occurs when an individual is admitted to a hospital with the reasonable expectation that such individual will stay at least 24 hours. Outpatient occurs in a physician's office or clinic, or during a house call.

With CHAMPUS, families are free to choose outpatient care from civilian providers with few restrictions. In the case of inpatient care, beneficiaries must have prior approval to use

a civilian hospital, or CHAMPUS will not cover the cost. However, under emergency condition this prior approval can be waived. Active-duty beneficiaries and retirees living within the catchment area of a military treatment facility must check there first to see if it can provide the treatment. Again, in emergencies, no one is turned away from a military hospital or clinic.

The catchment area was once the region within a 40-mile radius around a military treatment facility. These areas now are defined by ZIP codes. If the military hospital cannot provide inpatient care, patients may be referred to a civilian hospital. Patients are given written authorization to use civilian facility and the authorization is called a non-availability statement (DD Form 1251).

Basically, the following groups are eligible for CHAMPUS benefits: Dependents of active duty members; surviving spouses and unmarried children of service members who died while on active duty; spouses and unmarried children of reservists who are ordered to active duty for more than 30 days, and the survivors of reservists who died on active duty; member of the reserves between the ages of 60 and 65 who are qualified to receive retired pay; surviving spouses and children of deceased retirees (spouses who remarry are ineligible unless married to eligible member); and children of active-duty member or retiree up to age 21 if not married, and to 23 years old if not married and in school full time.

As a rule, CHAMPUS coverage automatically ends when a participant turns 65. Most military retirees and their dependents lose CHAMPUS eligibility when they become eligible for Social Security's Medicare program. However, retirees and their dependents keep their privilege for treatment in military hospitals.

D. THE CHAMPUS REFORM INITIATIVE

In February 1988, the DoD awarded a contract to Foundation Health Corporation (FHC) to implement the CHAMPUS Reform Initiative (CRI). Costs of running the military health care system in recent years have been escalating rapidly and exceeded $2.7 billion in fiscal year 1989. To contain these costs and to respond to criticism regarding access to military health care, and improve coordination between military and civilian health care providers, the DoD has developed the CHAMPUS Reform Initiative.

Basically, the most important features of the CRI are the following:

1. Selection of several contractors, each responsible for the financing and delivery of CHAMPUS services in an entire area;
2. A price fixed prospectively for all covered services delivered to CHAMPUS beneficiaries in the area;
3. An alternative to current CHAMPUS, CHAMPUS Prime, that would offer improved coverage of primary care, reduced cost sharing, and simpler procedures to those

beneficiaries who enroll in the plan and use a panel of preferred civilian providers selected by the contractor;

4. A Health Care Finder to help beneficiaries obtain appointments in the military facilities, referrals to appropriate civilian providers, and medical record transfers; and

5. Resource sharing agreements between each civilian contractor and military hospital in his/her area in which the contractor agrees to provide manpower and other resources needed to increase capacity utilization within these hospitals.[Ref. 3:pp. 1-2]

The CRI is undergoing trials in two states, California and Hawaii. And if its successful, the system will be phased in to other regions of the country in the future.

IV. METHODOLOGY

A. SOURCES OF DATA

The data used for this research come from two sources. The Fort Ord Army Hospital in Fort Ord, California furnished the MEPRS cost and related data on Obstetrics care for the fiscal year 1990.

The second source was through the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) in Aurora, Colorado. OCHAMPUS provided the Health Care Summary Report and Inpatient NAS Reports. The Health Care Summary Report shows CHAMPUS utilization and cost data for the Fort Ord catchment area and the Inpatient NAS Report which was primarily used in this research shows the catchment area utilization and cost data by whether an NAS was required with the 27 hospital specialties.

B. OVERVIEW OF MEPRS

The Medical Expense and Performance Reporting System (MEPRS) contains cost and workload performance information for military treatment facilities.

The MEPRS recognizes six general functional areas within an MTF: inpatient, outpatient, dental, ancillary services, support services, and special programs. Support services are laundry service, food service, housekeeping, and other non

medical functions. Ancillary services include clinical laboratory, pathology, radiology, pharmacy, and other related activities that contribute in the proper diagnosis and treatment of admitted patients. Special programs consist of graduate medical education, public health services, and decedent affairs. Within the general functional areas, MEPRS further identifies separate work centers of the MTF in which different services are performed. Therefore, it tracks workload and expenses by these work centers.

Expenses from ancillary and support work centers are reallocated or reassigned to inpatient and other work centers and other final operating accounts. This allocation is the percentage of the ancillary and support workload performed for the work centers. For example, the performance factor for Blood Bank is weighted procedure (see Appendix A for sample of performance factors). If 20% are served for Obstetrics, then 20% of the cost of operating the Blood Bank are allocated to Obstetrics care (work center).

Expense information are entered in the MEPRS in the form of Direct Expense Schedule (DES) and it identifies all expenses directly associated with a given work center.

Workload statistics are recorded into MEPRS in the form of stepdown assignment statistics (SAS) data sets. Each SAS data set is composed of a numerical identifier that is related with a specific workload measure and a list of MEPRS work center and corresponding workload for that work center. Also, other

workload information are gathered from numerous sources, including the Automated Quality of Care Evaluation Support System (AQCESS), which provides reports on OBD's by work center; Tri-service Medical Information System (TRIMIS), which provides reports on ancillary workload.

The EAS is the automated system that processes the actual cost allocations from intermediate operating accounts to final accounts. The beginning of the process is the DES that identifies the direct expense of each work center, including ancillary and support work centers. During the stepdown process, the direct expenses of ancillary and support work centers are charged to the inpatient, outpatient, dental, or special programs work centers benefiting from the expenses.

During the final or post-stepdown, expenses from cost pools are allocated to final operating accounts. Cost pools are established when costs are shared by two or more by final operating accounts.

The Final Purification Report identifies the expense distribution from cost pools to final accounts. This report shows the dollar amounts calculated and allocated during purification.

The Computation Summary reveals the breakdown of total work centers expense by direct expense, support costs, ancillary costs, expense from cost pools, and a final purified amount.

C. CALCULATING COSTS USING PATIENT TREATMENT PROTOCOLS

To estimate MTF cost per patient admission, MTF physicians must identify major types of hospital admission and develop patient treatment protocol[2] for each.

May [Ref 8] developed a method to estimate the costs. The cost of treating each patient admitted can be determined from the treatment protocols and the cost per OBD for each work center. The cost is estimated as weighted sum of the cost per OBD in each work center where the weights equal the number of days spent in each work center:

$$\text{Cost per admission} = wi*Ci+\ldots wn*Cn \quad i=1 \text{ to } n,$$

where

wi = number of OBD spent in work center i

Ci = cost per OBD in work center i

n = number of work centers.

D. MEPRS DATA

Data provided by Fort Ord Army Hospital covered only the inpatient services[3] and work centers that affected the computation of Obstetrics cost. Of the data provided, five reports were used for analysis that are directly related to

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[2]For this research, a treatment protocol is defined as the number of days the typical patient with a certain diagnosis remains in each MEPRS work center.

[3]To date, there are 18 identified inpatient specialties within the Fort Ord Army Hospital (see Appendix J-Inpatient Specialties).

the Obstetrics cases. Referring to Appendix B (Occupied Bed Day Data), this report accounts all the occupied bed days for the inpatient work centers. Appendix C (Direct Expense Report), this report shows the total salary of clinicians working in those particular work centers. Appendix D (Stepdown Schedule) enumerates all the ancillary and support costs allocated to the affected work centers. Appendix E (Final Purification Report) shows the allocated costs to different work centers from the ward cost pools. Appendix F (Computation Summary Report) integrates all the different costs allocated to the work centers.

The MEPRS data provided by Fort Ord Army Hospital are up to September 30, 1990 and considered complete. However, the data provided need to be analyzed carefully because of the system's (MEPRS) inherent limitations. For example, data are collected by functional work center instead of by individual patient. When admitted patients in a given specialty are treated in two or more work centers, cost per admission must be calculated from data on cost per OBD by work center and treatment protocol developed for the specialty. Second, since MEPRS is an allocative system, a work center's share of support and ancillary costs is determined from its relative share of weighted workload. If weights do not capture all differences in resource consumption for ancillary and support costs, then the allocated cost could be different from the

true cost. As a result of these limitations, the cost per admission in a given specialty using patient treatment protocols cannot be truly estimated from the true cost.

E. CHAMPUS COST DATA

The data provided by OCHAMPUS particularly the Inpatient Non Availability Statement report is considered complete for the fiscal year 1991. This report provides costs and utilization data for twenty-seven medical specialties. The report comprises the following types of admissions: emergency (no NAS required); and non-emergency (NAS required or not required). This feature is very important because in NAS cases, CHAMPUS is the primary insurer and a given MTF generally absorbs all the costs of the admission. Thus, NAS cases are the best candidates for recapture. Furthermore, this report excludes the following types of data: CHAMPVA; contractor-denied claims; claims with zero government cost; hospital outpatient care; ambulatory surgery for active duty dependents; and all foreign country data (except Mexico and Canada).

F. METHODOLOGY APPLICATION

Applying May's [Ref. 8] methodology on the MEPRS data, we can have a best estimate of the admission cost on different inpatient specialty or services (see Footnote 3) for the Fort Ord Army Hospital. For Obstetrics cases, the total expenses

in fiscal year 1990 is $2,449,541.00 which include the clinician salaries. The occupied bed days (OBD's) totaled to 4,844 for 1,628 patients admitted (this data was derived from SAS Admissions Report). Dividing 4,844 OBD's by 1,628 patients will result to average length of stay (ALOS) or occupied bed days of about three days (the exact number is 2.975 days). Furthermore, dividing the total expenses of $2,449,541.00 by the occupied bed days of 4,844 will yield a dollar amount of $505.69. This is the average cost per OBD in Obstetrics work center. To determine the total cost per admission for Obstetrics using the methodology:

Cost for each admission = wi*Ci+....wn*Cn i=1 to n,

wi= 3[4] Ci= $505.69 n= 1 (see Footnotes 2 and 4).

Therefore, the computed cost for each admission for Obstetrics at Fort Ord Army Hospital when using patient treatment protocol is $1,504.63. This is the amount used for comparing the cost between MEPRS and CHAMPUS.

For CHAMPUS Obstetrics cases[5] for the year 1990 (see Appendix G, Total All Categories of Beneficiaries section, NAS

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[4]For the fiscal year 1990, 99.50% of patients admitted at Fort Ord Army Hospital for Obstetrics care were seen and treated at that work center. The remaining .50%, who were treated by two or more work center, were not included in the analysis because the effect is considered negligible in the final cost per admission.

[5]Obstetrics costs used in the computation are costs pertaining to mothers care only. Costs incurred for routine care for newborns are excluded. Similarly, Obstetrics costs incurred by the Fort Ord Army Hospital and used in the computation excludes newborn costs.

required), the total government cost is $314,365 for a total of 98 inpatient admissions. Dividing the total government costs by 98 total admissions will yield $3,207.80 average government cost per admission. The total hospital days or total occupied bed days is 272, divide this by total admissions will yield an average length of stay or average OBD of 2.77. Furthermore, dividing $3,207.80 by the average OBD or length of stay will yield $1,155.75 average government cost per occupied bed day.

V. DISCUSSION AND ANALYSIS

A. CHAPTER OVERVIEW

When to recapture? In order to answer this very important question when considering shifting (recapturing) CHAMPUS workload to a particular treatment facility, one has to explore the following issues that may affect the overall results of patients recapture. The primary goal of comparing CHAMPUS and MTF costs is to ascertain whether a given MTF can provide inpatient care at a lower cost than through CHAMPUS. However, the potential savings related to recapturing CHAMPUS workload vary significantly between patient to patient.

First, the potential savings that could be derived from shifting CHAMPUS workload is dependent upon recaptured admissions because CHAMPUS coverage varies by status of patients and private insurance coverage. For eligible dependents who have private insurance, CHAMPUS is considered a secondary insurer. Therefore, it only pays charges not covered by the dependent's insurance.[Ref. 9:pp. 4-8]

Second, many eligible dependents are considered transparent to the military health care system due to their infrequent use or non-use of military facilities or CHAMPUS for some or most of their health care needs. Therefore, drawing this population will increase the workload of the

military treatment facilities. And, since this population are viewed as ghosts by the military system, the potential gain in number may not reduce the CHAMPUS workload in equal number. In other words, cost advantage in favor of the MTF that exists per admission would be eventually offset by disproportionate increases in MTF workload.[Ref. 10:p. 1]

Another issue to consider when recapturing is the potential effect on some aspects of medical care, as well as the overall satisfaction on the part of the recaptured population. By increasing the number of patients seen within a particular specialty, the access to that health care service would probably be affected not only in terms of longer lines (waiting to make an appointment or follow-up) but also the quality of time spent by the physician with his or her patient. Also, when recaptured, patients who are used to shopping for health services outside the MTF may no longer have any option available to them to see a particular specialist or doctor they prefer (exceptions are emergency conditions) and in some cases this will cause patient dissatisfaction.

B. ANALYSIS

Based on the data derived from MEPRS and OCHAMPUS, a summary of the computation is created to show the final costs and workload for the Obstetrics care incurred by the Fort Ord Army Hospital and CHAMPUS for FY 1990.

Referring to Appendix I, the average cost per admission at the MTF level is about $1,504.00. This number represents the average cost for inpatient care provided for one Obstetrics specialty patient. Again, this sum was derived by multiplying the average cost per occupied bed day, $505.69, by the average length of stay, which is 2.975 days.

The CHAMPUS cost on Obstetrics care per admission within the Fort Ord catchment area is about $3,207.00 and this number is derived from the CHAMPUS NAS Inpatient Report.

Based on the above there is a significant cost difference between the two programs. The net difference of $1,703 for each patient admission could represent a substantial savings if these Obstetrics patients (NAS required) were recaptured and treated within the military treatment facility.

It should be noted, however, that the remaining 17 medical specialties within the Fort Ord Hospital were not compared and analyzed. Thus, the potential savings from these specialties and what their impact could be on the overall CHAMPUS for the catchment area cannot be truly ascertained. Despite this, it is widely accepted that military treatment facilities of any size can deliver health care service at lower cost. If this is so, the potential savings in recapturing patients under different types of medical specialties can be substantial not only to the overall CHAMPUS budget for the Fort Ord catchment area but also to the rest of catchment areas within the CHAMPUS program.

Based on the data analyzed in this research, shifting CHAMPUS Obstetrics (NAS required) cases back to the Fort Ord Army Hospital could have significantly reduced the overall CHAMPUS cost for the Fort Ord catchment for FY 1990. This potential savings represents a reduction in expenditures of almost 76 percent of the grand total of CHAMPUS and patients costs in all Obstetrics categories in the Fort Ord area. These categories are emergency medical treatment (no NAS required), inpatient care where no NAS is required, and inpatient care where NAS is required. Similarly, when the OBD cost on Obstetrics was compared to the CHAMPUS cost for FY 1990, the difference was almost a 50% in favor of MTF.

It should be noted, however, that there are extra costs associated with any form of medical specialty recapture. And these costs are considered significant. Example of these costs are salaries of new doctors, additional ancillary costs, and other support costs. In the case of Fort Ord Army Hospital, a practical way to measure and to forecast future costs when recapturing Obstetrics patients are the use of established cost per occupied bed days. These costs are considered a good measure when comparing future costs since the OBD cost is composed of average cost incurred by the military hospital for doctors salaries, ancillary services, and other support costs for that work center.

Furthermore, in analyzing the results of the data contained in this research, there are various reasons for

increases in number of CHAMPUS Obstetrics patients being referred to the civilian facilities, as well as increases in costs both for the CHAMPUS and patients within the Fort Ord catchment area.

Currently, there are constraints in the supply of military physicians within Fort Ord Army Hospital not only in Obstetrics specialty but also in most clinical areas of the hospital. This situation is not unique to Fort Ord and is being experienced by other military treatment facilities as well. Since this is not unique to Fort Ord it is expected that some services have to be cut back and some have to be closed due to lack of necessary resources. Also, in addition to its requirement to provide health care to eligible beneficiaries, the military hospital is also mandated by higher authorities to support any national contingencies. For example, during the Persian Gulf crisis, a large number of medical personnel stationed at the hospital were sent to the area to support deployed personnel. And in anticipation of future casualties the hospital reduced and/or cut back some of its services available to eligible beneficiaries in the catchment area. This action by the hospital, preserving and conserving, some of its resources for contingencies, have resorted to more outside referrals of patients not only Obstetrics care but of other specialties as well. In FY 1990, the majority of patients (Obstetrics with NAS authorization)

who were referred to outside providers were dependents of active duty personnel. Therefore, the bulk of the total cost was absorbed by the government.

It should be noted that in cases where a patient is seen by a nonparticipating provider, the cost in excess of allowed CHAMPUS amount must be paid by the patient. This plus the cost associated with yearly deductible payments will tend to increase the overall cost paid by the patient. So in reality, CHAMPUS covers less than 100 percent of the reported costs for active-duty dependents and covers less than 75 percent of the costs for retiree families. But since most of the civilian providers participate in CHAMPUS, thus agreeing to absorb costs in excess of the allowed CHAMPUS charges, the total costs reported and analyzed in this research approximates the allowable charges.

Another reason in increased cost is the medical status of the patient itself. Patients are automatically referred to civilian providers when specialized care is needed because of some complications in their pregnancy and Fort Ord Army Hospital cannot provide the appropriate care. However, the correct number of these patients (with complications) cannot be obtain since their inpatient records were not screened for this purpose. At any rate, any kind of specialized care, if it were needed and obtained, will undoubtedly increase the cost of Obstetrics care. Thus, the potential savings calculated maybe overstated.

There is also the question of patient's proximity to the Fort Ord Army Hospital. There are cases where beneficiaries live in the outermost perimeter of the catchment area thereby access to the care needed is prohibitive. In these cases where geographic considerations have to be considered, the prudent choice by the military hospital is to refer them to the nearest civilian provider.

VI. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

The methodology described in this research provides a best estimate in comparing Obstetrics costs between a military treatment facility and CHAMPUS. The CHAMPUS cost per patient admission can be derived from the CHAMPUS Inpatient NAS Report. The military treatment facility's cost can be constructed using patient treatment protocols, which describe the hospital stay by work center for different categories of patients, and cost per occupied bed day estimates from MEPRS.

An important requirement when using this methodology, however, is the determination of relevant clinical specialties and the proper use of treatment protocols. Another requirement is the accuracy of workload data and costs data used in MEPRS.

By comparing MTF and CHAMPUS costs, a given military treatment facility can identify those specialty areas in which to reduce costs either by increasing the MTF's workload (use of recapture and/or normal increase of appointments) or increasing referrals to outside providers. Similarly, additional recapture of different types of medical specialties must also be based on the requirements of the MTF,

availability of resources and consideration on the needs of a given specialty population.

Based on the computations performed in Chapter IV and the analysis conducted in Chapter V, it can be concluded that recapturing and treating eligible beneficiaries at Fort Ord Army Hospital has a cost saving potential. In FY 1990, in the case of Obstetrics specialty, the MTF could have saved approximately $1,703.00 per admission if these patients were recaptured.

However, when considering recapture, the overall mission capability of a given MTF must be seriously taken in to account. For example in FY 1990, in the case of the Fort Ord Army Hospital, the hospital has experienced shortages in military doctors especially in the Obstetrics and Gynecology specialty. This situation can be attributed to the longstanding manning constraint within the DoD health care system and which to some extent exacerbated by the war in the Persian Gulf when large number of the hospital's medical personnel have to leave to support deployed military personnel. Consequently, for that year, the military hospital resorted to more referrals of Obstetrics patients to outside health care providers.

Another aspect in a recapture that is very important are the high costs related to any patients needing specialized health care. If the additional costs to be incurred in

specialized services are more than the savings to be realized, then it would probably be cost-effective to leave these patients unrecaptured.

Also, use of OBD's as a gauge on forecasting savings in costs must be done with caution since derivation of historical costs may not truly reflect the future costs.

Finally, in light of the constraints placed on Fort Ord Army Hospital, as well as to other military treatment facilities within DoD, it would be prudent now to address any aspects of cost containment since the overall cost of providing military health care is rapidly escalating.

B. RECOMMENDATIONS

This research has analyzed and compared the costs of one medical specialty, Obstetrics, between a military treatment facility and its catchment area. Based on the data analyzed, it is evident that a significant savings could be realized when patients are recaptured back to the MTF. However, before attempting to shift major CHAMPUS workloads, by recapturing other specialties, a further study should be conducted in order to ascertain the full impact of the possible change, and to make sure that these changes are warranted. It should be noted that potential savings related with shifting CHAMPUS workload back to the MTF can vary because of dependents' status, private insurance coverage, and other costs associated

with any recapture (i.e., additional salaries for new doctors, expected increase in ancillary and support costs, etc.).

Therefore, it is recommended that:

1. Cost analysis of the remaining 17 medical specialties, in the case of Fort Ord Army Hospital, be conducted and compared to the other CHAMPUS specialties within the Fort Ord catchment area. Such a study should cover a four to five year span in order to determine if there is a growing trend.

2. A study should also be conducted, in conjunction with the above recommendation, on number and status of beneficiaries carrying any private insurance within the catchment area. If there is a significant number of beneficiaries having private insurance coverage, then it would probably be cost-effective to leave this population unrecaptured.

APPENDIX A

EXAMPLE OF PERFORMANCE DESCRIPTIONS
FORT ORD ARMY HOSPITAL, FY 1990

ACCT	DESCRIPTIONS	PERFORMANCE DESCRIPTION
DAA	PHARMACY	WEIGHTED PROCEDURE
DBA	CLINICAL PATHOLOGY	WEIGTED PROCEDURE
DBC	BLOOD BANK	WEIGHTED PROCEDURE
DCA	RADIOLOGY	WEIGHTED PROCEDURE
DDA	ELECTROCARDIOGRAPHY	PROCEDURE
DDD	PULMONARY FUNCTION	WEIGHTED PROCEDURE
DEA	CENTRAL STERILE SUPPLY	HOURS OF SERVICE
DFA	ANESTHESIOLOGY	MINUTES OF SERVICE
DFB	SURGICAL SUITE	MINUTES OF SERVICE
DHD	PHYSICAL THERAPY	VISIT
DGA	SAME DAY SURGERY	MINUTES OF SERVICE

APPENDIX B

STATISTICAL DATA SET (OCCUPIED BED DAY DATA)
FORT ORD ARMY HOSPITAL, FY 1990

UCA CODE	QTR 1	QTR 2	QTR 3	QTR 4
AAAA	1452	1203	1170	1332
AAFA	0	4	8	4
AAHA	210	253	220	245
AAJA	6	13	7	39
ABAA	805	868	1022	920
ABCA	46	59	42	21
ABEA	46	41	46	0
ABFA	130	191	160	142
ABGA	160	147	201	151
ABKA	227	301	156	4
ACAA	245	356	355	315
ACBA	**1306**	**1011**	**1168**	**1359**
ADAA	490	429	404	422
ADBA	893	782	866	839
AEAA	604	871	1008	934
AEBA	79	132	109	152
AFAA	921	1047	863	888
AGAA	243	309	329	302
AGBA	3	10	1	1
AGCA	585	732	821	683
AGDA	152	79	82	78
AGEA	20	49	61	16
AGFA	0	0	0	26
AGGA	3	4	0	23
AGHA	231	196	280	291

APPENDIX C (DIRECT EXPENSE REPORT)

PREPARED: 90 NOV 27 1041 HRS PAGE DISPLAY PCN NAA-QUC
FACILITY NAME: MEDDAC FT ORD
FACILITY CODE: W2C9AA DOD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90
PAGE 30 DES DATA SET

LNO	FACIL CODE	LINE TOTAL EXPENSE	UCA SAS	SUB AMT	UCA SAS	SUB AMT	UCA SAS	SUB AMT	UCA SAS	SUB AMT	S
01 DES 30 4 N											
2		70648	AAAA	0		0		0		0	
3		5022	AAJA	0		0		0		0	
4		6004	AAFA	0		0		0		0	
5		29233	AAHA	0		0		0		0	
6		825522	AAXA	0		0		0		0	
7		575345	AAXH	0		0		0		0	
8		159543	ABAA	0		0		0		0	
9		12843	ABCA	0		0		0		0	
10		18629	ABEA	0		0		0		0	
11		61437	ABFA	0		0		0		0	
12		34999	ABGA	0		0		0		0	
13		68882	ABKA	0		0		0		0	
14		90288	ABXH	0		0		0		0	
15		77608	ACAA	0		0		0		0	
16		132982	ACBA	0		0		0		0	
17		1136666	ACXA	0		0		0		0	
18		111261	ADAA	0		0		0		0	
19		36745	ADBA	0		0		0		0	
20		525723	ADXA	0		0		0		0	
21		575592	ADXB	0		0		0		0	
22		178637	AEAA	0		0		0		0	
23		24208	AEBA	0		0		0		0	
24		713469	AEXA	0		0		0		0	
25		69689	AFAA	0		0		0		0	
26		505763	AFXA	0		0		0		0	
27		0	AFXB	0		0		0		0	
28		0	AFXC	0		0		0		0	
29		75553	AGAA	0		0		0		0	
30		144918	AGCA	0		0		0		0	
31		30424	AGDA	0		0		0		0	
32		13793	AGHA	0		0		0		0	
33		343189	BAAA	0		0		0		0	
34		161564	BABA	0		0		0		0	
35		67309	BACA	0		0		0		0	
TOTAL		6884488									

PREPARED: 90 NOV 27 1059 HRS STEPDOWN SCHEDULE PCN NAA-010
FACILITY NAME: MEDDAC FT ORD
FACILITY CODE: W2C9AA
DOD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 8- 4

ACCT	EJAA	EKAA	EKAB	EKAE	EKAQ	EKAR	DAAA	DAAE	DAAR	DBXA	DBLA
ABEA	4115	0	0	0	0	0	3018	0	7	0	0
ABFA	19273	0	0	0	0	0	26334	0	0	0	0
ABGA	20387	0	0	0	0	0	25414	7	0	0	0
ABKA	21284	0	0	0	0	0	48276	22	14	0	0
ABXH	0	0	0	0	0	0	0	0	0	0	0
ACAA	39320	0	0	0	0	0	110026	515	29	0	0
ACBA	149856	0	0	0	0	0	197664	726	71	0	0
ACXA	0	0	0	0	0	0	35139	0	0	0	0
ADAA	53983	0	0	0	0	0	226085	45	57	0	0
ADBA	104565	0	0	0	0	0	119523	16	36	0	0
ADXA	0	0	0	0	0	0	17470	0	0	0	0
ADXB	0	0	0	0	0	0	12109	0	0	0	0
AEAA	105709	0	0	0	0	0	161411	16	49	0	0
AEBA	14602	0	0	0	0	0	20636	0	8	0	0
AEXA	0	0	0	0	0	0	29519	0	0	0	0
AFAA	115052	0	0	0	0	0	23802	195	0	0	0
AFBA	0	0	0	0	0	0	0	0	0	0	0
AFXA	0	0	0	0	0	0	4452	0	0	0	0
AFXB	0	0	0	0	0	0	0	0	0	0	0
AFXC	0	0	0	0	0	0	0	0	0	0	0
AGAA	36558	0	0	0	0	0	116010	723	604	0	0
AGBA	464	0	0	0	0	0	12584	4	0	0	0
AGCA	87271	0	0	0	0	0	114022	28	420	0	0
AGDA	12056	0	0	0	0	0	37127	762	527	0	0
AGEA	4517	0	0	0	0	0	61235	128	783	0	0
AGFA	804	0	0	0	0	0	0	0	0	0	0
AGGA	928	0	0	0	0	0	0	0	0	0	0
AGHA	30875	0	0	0	0	0	5323	3	192	0	0
BAAA	0	55367	0	0	0	0	341770	243	505	0	0
BABA	0	21471	0	0	0	0	24355	35	449	0	0
BACA	0	11981	0	0	0	0	17649	7	35	0	0
BACE	0	330	0	0	0	0	0	0	0	0	0
BAGA	0	443	0	0	0	0	6786	0	0	0	0
BAKA	0	8060	0	0	0	0	9636	0	22	0	0
BAKE	0	2198	0	0	0	0	0	0	0	0	0
BALA	0	6560	0	0	0	0	1286	0	0	0	0
BAPA	0	32307	0	0	0	0	43606	19	50	0	0
BAPZ	0	1225	0	0	0	0	0	0	0	0	0
BBAA	0	25783	0	0	0	0	43795	0	21	0	0
BBDA	0	16162	0	0	0	0	44269	6	64	0	0

PREPARED: 90 NOV 27 1059 HRS STEPDOWN SCHEDULE PCN NAA-Q10
FACILITY NAME: MCCOAC FT ORD
FACILITY CODE: W2C9AA
DOD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 9- 9

ACCT	DBAA	DBAB	DBAL	DBAR	DBBA	DCAA	DCAE	DCAR	DDAA	DDBA	DDDA
ABEA	508	5	0	0	1376	0	0	0	213	0	0
ABFA	1401	16	0	0	5910	3244	0	0	35	0	23
ABGA	2450	0	0	0	4087	0	0	0	35	0	0
ABKA	8249	244	0	0	6059	0	0	0	1682	0	0
ABXM	0	0	0	0	0	0	0	0	0	0	0
ACAA	26998	51	0	0	46607	0	0	0	0	0	0
ACBA	131423	41	0	0	7302	13515	0	0	18	0	0
ACXA	0	0	0	0	0	0	0	0	0	0	0
ADAA	53781	19	0	0	465	19292	0	0	796	1335	1683
ADBA	72612	0	0	0	0	10964	0	0	0	0	0
ADXA	0	0	0	0	0	0	0	0	0	0	0
ADXB	0	0	0	0	0	0	0	0	0	0	0
AEAA	17871	403	0	0	3929	39913	0	0	106	121	23
AEBA	3464	11	0	0	4351	19	0	0	89	0	0
AEXA	0	0	0	0	0	8442	0	0	0	0	0
AFAA	16162	423	0	0	22	2581	0	0	88	731	45
AFBA	0	0	0	0	0	0	0	0	0	0	0
AFXA	0	0	0	0	0	0	0	0	0	0	0
AFXB	0	0	0	0	0	0	0	0	0	0	0
AFXC	0	0	0	0	0	0	0	0	0	0	0
AGAA	28158	104	0	0	225	49	0	0	0	0	1033
AGBA	1990	0	0	0	116	0	0	0	0	0	0
AGCA	60233	7	0	0	5386	0	0	0	18	0	420
AGDA	9381	2	0	0	0	0	0	0	0	0	398
AGEA	2863	0	0	0	1451	0	0	0	0	0	0
AGFA	50	0	0	0	0	0	0	0	0	0	0
AGGA	46	0	0	0	167	0	0	0	18	0	0
AGHA	13645	0	0	0	0	0	0	0	0	0	0
BAAA	119368	34	0	0	78	121281	112	0	6513	730	4566
BABA	14712	395	0	0	0	9701	0	0	89	0	6110
BACA	16611	0	0	0	0	3195	0	0	3151	0	161
BACE	0	0	0	0	0	0	0	0	0	0	0
BAGA	4362	0	0	0	0	120	0	0	106	0	0
BAKA	2551	57	0	0	0	62804	149	0	17	17159	206
BAKE	0	0	0	0	0	0	0	0	0	16307	0
BALA	0	0	0	0	0	0	0	0	0	0	0
BAPA	16647	1	0	0	21337	139	0	0	0	0	0
BAPZ	0	0	0	0	0	0	0	0	0	0	0
BBAA	30994	15	0	0	1464	88252	0	0	638	121	2050
BBDA	1729	3	0	0	0	25899	149	0	17	0	0

PREPARED: 90 NOV 27 1059 HRS STEPDOWN SCHEDULE PCN NAA-Q10
FACILITY NAME: MEDDAC FT ORD
FACILITY CODE: W2G9AA
DOD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 10- 4

ACCT	DEAA	DFXA	DFBA	DFBZ	DFAA	DFAZ	DFCA	DGAA	DHAA	DHBA	DHDA
ABEA	0	0	9153	1	15256	3	595	23489	0	0	0
ABFA	0	0	158187	26	60925	11	11101	41848	0	0	16
ABGA	0	0	202455	34	63607	12	8370	3211	2598	0	0
ABKA	0	0	135995	23	53815	10	7473	4449	1314	0	0
ABXM	1132	0	0	0	0	0	0	0	0	0	0
ACAA	0	0	137686	22	53159	10	11816	30244	0	0	0
ACBA	0	0	209402	35	65896	12	12004	0	537	555	0
ACXA	72194	0	0	0	0	0	0	0	0	0	0
ADAA	0	0	0	0	0	0	0	0	28221	2081	587
ADBA	0	0	0	0	0	0	0	0	598	0	0
ADXA	0	0	0	0	0	0	0	0	0	0	0
ADXB	18532	0	0	0	0	0	0	0	0	0	0
AEAA	0	0	462733	77	189947	36	26794	113133	1941	7873	10300
AEBA	0	0	118139	20	35457	6	2842	857	0	0	1299
AEXA	4157	0	0	0	0	0	0	0	0	0	0
AFAA	0	0	0	0	0	0	0	0	1612	118929	46
AFBA	0	0	0	0	0	0	0	0	0	0	0
AFXA	94	0	0	0	0	0	0	0	0	0	0
AFXB	0	0	0	0	0	0	0	0	0	0	0
AFXC	0	0	0	0	0	0	0	0	0	0	0
AGAA	0	0	0	0	0	0	0	0	18605	0	216
AGBA	0	0	1120	0	365	0	0	0	5465	0	0
AGCA	0	0	85335	14	25723	5	0	0	1553	0	0
AGDA	0	0	0	0	0	0	0	0	8004	0	0
AGEA	0	0	3147	1	1867	0	0	241	29	0	16
AGFA	0	0	0	0	0	0	0	0	0	0	0
AGGA	0	0	0	0	176	1	0	0	0	0	0
AGHA	0	0	0	0	0	0	0	0	210	0	0
BAAA	0	0	0	0	0	0	0	0	0	2427	1577
BABA	0	0	0	0	0	0	0	0	0	0	325
BACA	0	0	0	0	0	0	0	0	0	2394	0
BACE	0	0	0	0	0	0	0	0	0	0	0
BAGA	0	0	0	0	0	0	0	0	0	0	0
BAKA	0	0	0	0	0	0	0	0	0	173	5088
BAKE	0	0	0	0	0	0	0	0	0	0	0
BALA	0	0	0	0	0	0	0	0	0	0	0
BAPA	22305	0	0	0	0	0	0	0	0	0	232
BAPZ	0	0	0	0	0	0	0	0	0	0	0
BBAA	6177	0	0	0	0	0	0	0	0	243	8536
BBDA	566	0	0	0	0	0	0	0	0	0	0

PREPARED: 90 NOV 27 1059 HRS FINAL PURIFICATION PCN NAA-Q12
FACILITY NAME: MEDDAC FT ORD
FACILITY CODE: W2C9AA
DOD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 1- 1

ACCT	DESCRIPTION	EXP. AFT. STEPDOWN	AAXA	AAXH	ABXP	ACXA	ADXA	ADXB	AEXA
AAAA	INTERNAL MEDICINE	1564251	925214	0	6301	0	0	0	39708
AAAB	INFECTIOUS DISEASE	0	0	0	0	0	0	0	0
AAAC	ALLERGY	712	0	0	0	0	0	0	0
AAAD	AIDS	0	0	0	0	0	0	0	0
AABA	CARDIOLOGY	0	0	0	0	0	0	0	0
AADA	DERMATOLOGY	0	0	0	0	0	0	0	0
AAFA	GASTROENTEROLOGY	12063	1143	0	1312	0	0	0	309
AAHA	INTENSIVE CARE MICU	417065	4003	511638	0	0	0	0	309
AAJA	NEUROLOGY	18627	12199	0	0	0	0	0	155
AAXA	WARD 6S MIXED MED	1302238	1302238-	0	0	0	0	0	0
AAXH	COMBINED CCU WARD 6S	1085907	0	1085907-	0	0	0	0	0
ABAA	GENERAL SURGERY	1666863	43459	1007	82967	0	54289	0	396313
ABCA	INTENSIVE CARE SICU	52408	15630	110807	0	2189	0	0	309
ABEA	OPHTHALMOLOGY	82822	572	0	13259	0	4286	0	2163
ABFA	ORAL SURGERY	419322	4193	0	46209	0	16287	0	25666
ABGA	OTORHINOLARYNGOLOGY	396697	12008	0	4332	0	80005	0	43726
ABKA	UROLOGY	390324	11818	0	19560	0	22287	0	61648
ABXM	MINIMAL CARE WD 4S COST POOL	263864	0	0	263864-	0	0	0	0
ACAA	GYNECOLOGY	590497	21920	0	24548	10124	0	0	144002
ACBA	OBSTETRICS	1130120	762	2014	132	1306625	0	0	9888
ACXA	WARD 5 E OB	2086769	0	0	0	2086769-	0	0	0
ADAA	PEDIATRICS	585546	953	5037	0	0	494033	2297	0
ADBA	NURSERY	420561	0	0	0	0	286	705834	0
ADXA	WARD 6 S PEDIATRICS	826341	0	0	0	0	826341-	0	0
ADXB	WARD 5 S NURSERY	916602	0	0	0	0	0	916602-	0
AEAA	ORTHOPEDICS	1493456	31451	0	56054	0	31145	0	419645
AEBA	PODIATRY	247149	3621	0	6827	0	11715	0	55623
AEXA	WARD 4 W COMBINED SURGERY	1230812	0	0	0	0	0	0	1230812-
AFAA	PSYCHIATRY	508513	0	0	0	0	0	0	0
AFBA	SUBSTANCE ABUSE	0	0	0	0	0	0	0	0
AFXA	WARD 7W PSYCHIATRY	763909	0	0	0	0	0	0	0
AFXB	PSY RESOURCE SHARING 7W (PSY TECH)	1011	0	0	0	0	0	0	0
AFXC	PSY RESOURCE SHARING 7W (RN)	820	0	0	0	0	0	0	0
AGAA	FAM PRAC INTERNAL MEDICINE	350110	207573	53389	131	0	0	0	3090
AGBA	FAM PRAC GENERAL SURGERY	26930	191	1007	394	274	571	0	1081
AGCA	FAM PRAC OBSTETRICS	684122	762	0	131	767283	0	0	1854
AGDA	FAM PRAC PEDIATRICS	123497	191	1008	0	0	111437	0	0
AGEA	FAM PRAC GYNECOLOGY	96067	3621	0	1181	274	0	0	18078
AGFA	FAM PRAC PSYCHIATRY	2233	0	0	0	0	0	0	0
AGGA	FAM PRAC ORTHOPEDICS	5222	954	0	526	0	0	0	3245

APPENDIX F (COMPUTATION SUMMARY)

PREPARED: 90 NOV 27 1059 HRS COMPUTATION SUMMARY PCN NAA-G1
FACILITY NAME: MEDDAC FT ORD
FACILITY CODE: W26AAA DOD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 01

ACCT CODE	DIRECT EXPENSE	SUPPORT COSTS	ANCIL COSTS	AFTER STEPDN	NET PURIF	PURIFIED EXPENSE
A	7338024	5011125	7552087	19901236	0	19901236
AA	1820449	1073164	1507250	4400863	485854-	3915009
AAA	70648	378929	1115386	1564963	971223	2536186
*AAAA	70648	378929	1114674	1564251	971223	2535474
*AAAB	0	0	0	0	0	0
*AAAC	0	0	712	712	0	712
*AAAD	0	0	0	0	0	0
AAB	0	0	0	0	0	0
*AABA	0	0	0	0	0	0
AAD	0	0	0	0	0	0
*AADA	0	0	0	0	0	0
AAF	6004	1756	4303	12063	2764	14827
*AAFA	6004	1756	4303	12063	2764	14827
AAH	29233	68788	319044	417065	915950	1333015
*AAHA	29233	68788	319044	417065	915950	1333015
AAJ	5022	4917	8688	18627	12354	30981
*AAJA	5022	4917	8688	18627	12354	30981
AAX	1709542	618774	59829	2388145	2388145-	0
*AAXA	894284	373059	34895	1302238	1302238-	0
*AAXH	815258	245715	24934	1085907	1085907-	0
AB	582387	481845	2208068	3272300	815125	4087425
ABA	159543	270015	1237305	1666863	578035	2244898
*ABAA	159543	270015	1237305	1666863	578035	2244898
ABC	13843	11540	27025	52408	128935	181343
*ABCA	13843	11540	27025	52408	128935	181343
ABE	18629	10569	53624	82822	20280	103102
*ABEA	18629	10569	53624	82822	20280	103102
ABF	61437	48808	309077	419322	96355	515677
*ABFA	61437	48808	309077	419322	96355	515677
ABG	34999	49418	312280	396697	140071	536768
*ABGA	34999	49418	312280	396697	140071	536768
ABK	68882	53817	267625	390324	115313	505637
*ABKA	68882	53817	267625	390324	115313	505637
ABX	225054	37678	1132	263864	263864-	0
*ABXM	225054	37678	1132	263864	263864-	0
AC	1653805	989844	1163737	3807386	566754-	3240632
ACA	77608	95686	417203	590497	200594	791091
*ACAA	77608	95686	417203	590497	200594	791091
ACB	132982	357937	639201	1130120	1319421	2449541
*ACBA	132982	357937	639201	1130120	1319421	2449541
ACX	1443215	536221	107333	2086769	2086769-	0
*ACXA	1443215	536221	107333	2086769	2086769-	0
AD	1394939	767049	587062	2749050	534503-	2214547
ADA	111261	139083	335202	585546	502320	1087866
*ADAA	111261	139083	335202	585546	502320	1087866

* * * *

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF ACTIVE DUTY

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	CATEGORY OF CARE-INTERNAL MEDICINE: INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	4	2	9	0	14	0	5
ADMISSIONS	3	1	6	0	7	0	2
HOSPITAL DAYS	15	2	46	0	14	0	3
AVERAGE LENGTH OF STAY	5.00	2.00	7.66	.00	2.00	.00	1.50
AVERAGE DAILY PATIENT LOAD	.04	.00	.12	.00	.03	.00	.00
TOTAL GOVERNMENT COST	6,336	3,080	39,911	0	16,237	0	3,821
TOTAL PATIENT COST	140	23	1,293	0	205	0	189
TOTAL GOVERNMENT AND PATIENT COST	6,476	3,103	41,204	0	16,442	0	4,010
AVERAGE GOVERNMENT COST/ADMISSION	2,112.00	3,080.00	6,651.83	.00	2,319.57	.00	1,910.50
AVERAGE GOVERNMENT COST/DAY	422.40	1,540.00	867.63	.00	1,159.78	.00	1,273.66
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	1	0	0	2	0	26
ADMISSIONS	0	1	0	0	1	0	14
HOSPITAL DAYS	0	3	0	0	18	0	150
AVERAGE LENGTH OF STAY	.00	3.00	.00	.00	18.00	.00	10.71
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.04	.00	.41
TOTAL GOVERNMENT COST	0	1,591	0	0	37,025	0	222,709
TOTAL PATIENT COST	0	8,762	0	0	301	0	4,190
TOTAL GOVERNMENT AND PATIENT COST	0	10,353	0	0	37,326	0	226,899
AVERAGE GOVERNMENT COST/ADMISSION	.00	1,591.00	.00	.00	37,025.00	.00	15,907.78
AVERAGE GOVERNMENT COST/DAY	.00	530.33	.00	.00	2,056.94	.00	1,484.72
INPATIENT CARE ** (NAS ACQUIRED)							
USER BENEFICIARIES	4	7	13	2	15	1	119
ADMISSIONS	0	4	5	0	5	1	92
HOSPITAL DAYS	0	37	56	0	19	9	482
AVERAGE LENGTH OF STAY	.00	9.25	11.20	.00	3.80	9.00	5.23
AVERAGE DAILY PATIENT LOAD	.00	.10	.15	.00	.05	.02	1.32
TOTAL GOVERNMENT COST	4,792	64,098	57,411	205	69,377	4,113	353,365
TOTAL PATIENT COST	1,140	1,252	774	0	308	75	1,796
TOTAL GOVERNMENT AND PATIENT COST	5,932	65,350	58,185	205	69,685	4,188	355,161
AVERAGE GOVERNMENT COST/ADMISSION	.00	16,024.50	11,482.20	.00	13,875.40	4,113.00	3,840.92
AVERAGE GOVERNMENT COST/DAY	.00	1,732.57	1,025.19	.00	3,651.42	457.00	733.12
GRAND TOTAL							
USER BENEFICIARIES	8	10	20	2	30	1	147
ADMISSIONS	3	6	11	0	13	1	108
HOSPITAL DAYS	15	42	102	0	51	9	635
AVERAGE LENGTH OF STAY	5.00	7.00	9.27	.00	3.92	9.00	5.87
AVERAGE DAILY PATIENT LOAD	.04	.11	.27	.00	.13	.02	1.73
TOTAL GOVERNMENT COST	11,128	68,769	97,322	205	122,639	4,113	579,895
TOTAL PATIENT COST	1,280	10,037	2,067	0	814	75	6,175
TOTAL GOVERNMENT AND PATIENT COST	12,408	78,806	99,389	205	123,453	4,188	586,070
AVERAGE GOVERNMENT COST/ADMISSION	3,709.33	11,461.50	8,847.45	.00	9,435.76	4,113.00	5,369.39
AVERAGE GOVERNMENT COST/DAY	741.86	1,637.35	954.13	.00	2,404.68	457.00	913.22

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.: CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF ACTIVE DUTY

COLLECTION PERIOD: 15 MONTHS

CATEGORY OF CARE

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	DENTAL	OBSTETRICS	GYNECOLOGY	OPTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	1	33	4	2	7	11	8
ADMISSIONS	0	12	2	0	8	10	0
HOSPITAL DAYS	0	31	6	0	67	62	0
AVERAGE LENGTH OF STAY	.00	2.58	3.00	.00	8.37	6.20	.00
AVERAGE DAILY PATIENT LOAD	.00	.08	.01	.00	.18	.16	.00
TOTAL GOVERNMENT COST	1,315	33,565	5,536	655	52,344	32,136	8,658
TOTAL PATIENT COST	0	489	432	0	1,306	688	99
TOTAL GOVERNMENT AND PATIENT COST	1,315	34,054	5,968	655	53,650	32,824	8,757
AVERAGE GOVERNMENT COST/ADMISSION	.00	2,797.08	2,768.00	.00	6,543.00	3,213.60	.00
AVERAGE GOVERNMENT COST/DAY	.00	1,082.74	922.66	.00	781.25	518.32	.00
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	70	10	1	2	3	4
ADMISSIONS	0	2	0	0	3	3	2
HOSPITAL DAYS	0	4	0	0	88	209	173
AVERAGE LENGTH OF STAY	.00	2.00	.00	.00	29.33	69.66	86.50
AVERAGE DAILY PATIENT LOAD	.00	.01	.00	.00	.24	.57	.47
TOTAL GOVERNMENT COST	0	18,417	3,455	1,209	17,942	45,141	278,930
TOTAL PATIENT COST	0	44,773	10,074	3,786	0	23	2,576
TOTAL GOVERNMENT AND PATIENT COST	0	63,190	13,529	4,995	17,942	45,164	281,506
AVERAGE GOVERNMENT COST/ADMISSION	.00	9,208.50	.00	.00	5,980.66	15,047.00	39,465.00
AVERAGE GOVERNMENT COST/DAY	.00	4,604.25	.00	.00	203.88	215.98	1,612.31
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	0	150	24	4	26	20	32
ADMISSIONS	0	92	19	1	17	15	13
HOSPITAL DAYS	0	260	70	1	496	302	123
AVERAGE LENGTH OF STAY	.00	2.82	3.68	1.00	29.17	20.13	9.46
AVERAGE DAILY PATIENT LOAD	.00	.71	.19	.00	1.35	.82	.33
TOTAL GOVERNMENT COST	0	298,332	73,029	8,025	228,072	72,872	269,987
TOTAL PATIENT COST	0	10,892	1,009	640	2,207	1,737	15,878
TOTAL GOVERNMENT AND PATIENT COST	0	309,224	74,038	8,665	230,279	74,609	285,865
AVERAGE GOVERNMENT COST/ADMISSION	.00	3,242.73	3,843.63	8,025.00	13,416.00	4,858.13	20,768.23
AVERAGE GOVERNMENT COST/DAY	.00	1,147.43	1,043.27	8,025.00	459.82	241.29	2,195.01
GRAND TOTAL							
USER BENEFICIARIES	1	243	38	6	32	33	38
ADMISSIONS	0	106	21	1	28	28	15
HOSPITAL DAYS	0	295	76	1	651	573	296
AVERAGE LENGTH OF STAY	.00	2.78	3.61	1.00	23.25	20.46	19.73
AVERAGE DAILY PATIENT LOAD	.00	.80	.20	.00	1.78	1.56	.81
TOTAL GOVERNMENT COST	1,315	350,314	82,020	9,889	298,358	150,149	557,575
TOTAL PATIENT COST	0	56,154	11,515	4,426	3,513	2,448	18,553
TOTAL GOVERNMENT AND PATIENT COST	1,315	406,468	93,535	14,315	301,871	152,597	576,128
AVERAGE GOVERNMENT COST/ADMISSION	.00	3,304.84	3,905.71	9,889.00	10,655.64	5,362.46	37,171.66
AVERAGE GOVERNMENT COST/DAY	.00	1,187.50	1,079.21	9,889.00	458.30	262.01	1,883.69

* THE FOLLOWING CARE DOES NOT REQUIRE AN N.A.S.:
CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
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023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF ACTIVE DUTY

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND TOTAL FOR ALL CATEGORIES
	CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY						
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	1	19	5	12	0	3	150
ADMISSIONS	0	6	2	5	0	1	79
HOSPITAL DAYS	0	23	4	34	0	2	367
AVERAGE LENGTH OF STAY	.00	3.83	2.00	6.80	.00	2.00	4.64
AVERAGE DAILY PATIENT LOAD	.00	.06	.01	.09	.00	.00	1.00
TOTAL GOVERNMENT COST	76	45,891	17,178	29,041	0	2,377	331,562
TOTAL PATIENT COST	0	216	626	1,673	0	38	9,223
TOTAL GOVERNMENT AND PATIENT COST	76	46,107	17,804	30,714	0	2,415	340,785
AVERAGE GOVERNMENT COST/ADMISSION	.00	7,648.50	8,589.00	5,808.20	.00	2,377.00	4,196.98
AVERAGE GOVERNMENT COST/DAY	.00	1,995.26	4,294.50	854.14	.00	1,188.50	903.43
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	2	10	0	4	0	6	133
ADMISSIONS	1	4	0	0	0	0	31
HOSPITAL DAYS	2	36	0	0	0	0	671
AVERAGE LENGTH OF STAY	2.00	9.00	.00	.00	.00	.00	21.64
AVERAGE DAILY PATIENT LOAD	.00	.09	.00	.00	.00	.00	1.83
TOTAL GOVERNMENT COST	1,537	152,401	0	1,943	0	536	791,519
TOTAL PATIENT COST	31	13,826	0	7,919	0	1,581	100,488
TOTAL GOVERNMENT AND PATIENT COST	1,568	166,227	0	9,862	0	2,117	892,007
AVERAGE GOVERNMENT COST/ADMISSION	1,537.00	38,100.25	.00	.00	.00	.00	25,532.87
AVERAGE GOVERNMENT COST/DAY	768.50	4,233.36	.00	.00	.00	.00	1,179.61
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	5	29	7	11	1	11	408
ADMISSIONS	3	13	6	5	2	2	314
HOSPITAL DAYS	3	84	47	17	11	4	2,174
AVERAGE LENGTH OF STAY	1.00	6.46	7.83	3.40	5.50	2.00	6.92
AVERAGE DAILY PATIENT LOAD	.00	.23	.12	.04	.03	.01	5.95
TOTAL GOVERNMENT COST	15,047	169,198	60,815	44,944	18,646	15,026	2,191,280
TOTAL PATIENT COST	1,650	1,207	763	7,525	90	391	57,611
TOTAL GOVERNMENT AND PATIENT COST	16,697	170,405	61,578	52,469	18,736	15,417	2,248,891
AVERAGE GOVERNMENT COST/ADMISSION	5,015.66	13,015.23	10,135.83	8,988.80	9,323.00	7,513.00	6,978.59
AVERAGE GOVERNMENT COST/DAY	5,015.66	2,014.26	1,293.93	2,643.76	1,695.09	3,756.50	1,007.94
GRAND TOTAL							
USER BENEFICIARIES	8	55	10	26	1	20	637
ADMISSIONS	4	23	8	10	2	3	424
HOSPITAL DAYS	5	143	51	51	11	6	3,212
AVERAGE LENGTH OF STAY	1.25	6.21	6.37	5.10	5.50	2.00	7.57
AVERAGE DAILY PATIENT LOAD	.01	.39	.13	.13	.03	.01	8.80
TOTAL GOVERNMENT COST	16,660	367,490	77,993	75,928	18,646	17,939	3,314,361
TOTAL PATIENT COST	1,681	15,249	1,389	17,117	90	2,010	167,322
TOTAL GOVERNMENT AND PATIENT COST	18,341	382,739	79,382	93,045	18,736	19,949	3,481,683
AVERAGE GOVERNMENT COST/ADMISSION	4,165.00	15,977.82	9,749.12	7,592.80	9,323.00	5,979.66	7,816.88
AVERAGE GOVERNMENT COST/DAY	3,332.00	2,569.86	1,529.27	1,488.78	1,695.09	2,989.83	1,031.86

* THE FOLLOWING CARE DOES NOT REQUIRE AN N.A.S.:
CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
RETIREES

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	ADVERSE REACTIONS	ALLERGY	CATEGORY OF CARE-INTERNAL MEDICINE: CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO-ENTEROLOGY	HEMATOLOGY
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	0	0	17	0	1	3	0
ADMISSIONS	0	0	9	0	0	2	0
HOSPITAL DAYS	0	0	36	0	0	8	0
AVERAGE LENGTH OF STAY	.00	.00	4.00	.00	.00	4.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.09	.00	.00	.02	.00
TOTAL GOVERNMENT COST	0	0	46,542	0	172	5,068	0
TOTAL PATIENT COST	0	0	16,557	0	57	2,069	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	63,099	0	229	7,137	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	5,171.33	.00	.00	2,534.00	3,737.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	1,292.83	.00	.00	633.50	.00
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	0	24	0	1	3	1
ADMISSIONS	0	0	5	0	0	0	0
HOSPITAL DAYS	0	0	13	0	0	0	0
AVERAGE LENGTH OF STAY	.00	.00	2.60	.00	.00	.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.03	.00	.00	.00	.00
TOTAL GOVERNMENT COST	0	0	16,443	0	40	340	9
TOTAL PATIENT COST	0	0	59,291	0	283	1,153	112
TOTAL GOVERNMENT AND PATIENT COST	0	0	75,734	0	323	1,493	121
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	3,288.60	.00	.00	.00	89,263.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	1,264.84	.00	.00	.00	.00
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	0	0	8	0	0	1	1
ADMISSIONS	0	0	4	0	0	0	1
HOSPITAL DAYS	0	0	8	0	0	0	7
AVERAGE LENGTH OF STAY	.00	.00	2.00	.00	.00	.00	7.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.02	.00	.00	.00	.01
TOTAL GOVERNMENT COST	0	0	22,478	0	0	760	1,401
TOTAL PATIENT COST	0	0	4,209	0	0	0	1,638
TOTAL GOVERNMENT AND PATIENT COST	0	0	26,687	0	0	760	3,039
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	5,619.50	.00	.00	.00	65,139.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	2,809.75	.00	.00	.00	200.14
GRAND TOTAL							
USER BENEFICIARIES	0	0	45	0	2	7	2
ADMISSIONS	0	0	18	0	0	2	1
HOSPITAL DAYS	0	0	57	0	0	8	7
AVERAGE LENGTH OF STAY	.00	.00	3.16	.00	.00	4.00	7.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.15	.00	.00	.02	.01
TOTAL GOVERNMENT COST	0	0	85,463	0	212	6,168	1,410
TOTAL PATIENT COST	0	0	80,057	0	340	3,222	1,750
TOTAL GOVERNMENT AND PATIENT COST	0	0	165,520	0	552	9,390	3,160
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	4,747.94	.00	.00	3,084.00	36,630.33
AVERAGE GOVERNMENT COST/DAY	.00	.00	1,499.35	.00	.00	771.00	201.42

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
RETIREES

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	CATEGORY OF CARE-INTERNAL MEDICINE: INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	0	0	5	1	20	0	3
ADMISSIONS	0	0	1	0	10	0	1
HOSPITAL DAYS	0	0	4	0	48	0	13
AVERAGE LENGTH OF STAY	.00	.00	4.00	.00	4.80	.00	13.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.01	.00	.13	.00	.03
TOTAL GOVERNMENT COST	0	0	3,381	141	33,095	0	812
TOTAL PATIENT COST	0	0	1,566	47	16,018	0	3,142
TOTAL GOVERNMENT AND PATIENT COST	0	0	4,947	188	49,113	0	3,954
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	3,381.00	.00	3,309.50	.00	812.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	845.25	.00	689.47	.00	62.46
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	1	2	0	12	3	0
ADMISSIONS	0	0	0	0	1	0	0
HOSPITAL DAYS	0	0	0	0	5	0	0
AVERAGE LENGTH OF STAY	.00	.00	.00	.00	5.00	.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.01	.00	.00
TOTAL GOVERNMENT COST	0	50	2,701	0	3,288	466	0
TOTAL PATIENT COST	0	210	5,125	0	10,695	1,935	0
TOTAL GOVERNMENT AND PATIENT COST	0	260	7,826	0	13,983	2,401	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	.00	.00	3,288.00	.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	.00	.00	657.60	.00	.00
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	1	1	1	0	4	1	0
ADMISSIONS	0	1	0	0	1	0	0
HOSPITAL DAYS	0	17	0	0	34	0	0
AVERAGE LENGTH OF STAY	.00	17.00	.00	.00	34.00	.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.04	.00	.00	.09	.00	.00
TOTAL GOVERNMENT COST	401	3,201	128	0	17,338	675	0
TOTAL PATIENT COST	376	4,930	64	0	10,228	568	0
TOTAL GOVERNMENT AND PATIENT COST	777	8,131	192	0	27,566	1,243	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	3,201.00	.00	.00	17,338.00	.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	188.29	.00	.00	509.94	.00	.00
GRAND TOTAL							
USER BENEFICIARIES	1	2	7	1	33	4	3
ADMISSIONS	0	1	1	0	12	0	1
HOSPITAL DAYS	0	17	4	0	87	0	13
AVERAGE LENGTH OF STAY	.00	17.00	4.00	.00	7.25	.00	13.00
AVERAGE DAILY PATIENT LOAD	.00	.04	.01	.00	.23	.00	.03
TOTAL GOVERNMENT COST	401	3,251	6,210	141	53,721	1,141	812
TOTAL PATIENT COST	376	5,140	6,755	47	36,941	2,503	3,142
TOTAL GOVERNMENT AND PATIENT COST	777	8,391	12,965	188	90,662	3,644	3,954
AVERAGE GOVERNMENT COST/ADMISSION	.00	3,251.00	6,210.00	.00	4,476.75	.00	812.00
AVERAGE GOVERNMENT COST/DAY	.00	191.23	1,552.50	.00	617.48	.00	62.46

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
RETIREES

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	DENTAL	OBSTETRICS	GYNECOLOGY	OPTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
	CATEGORY OF CARE						
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	0	0	0	0	5	1	0
ADMISSIONS	0	0	0	0	5	1	0
HOSPITAL DAYS	0	0	0	0	26	2	0
AVERAGE LENGTH OF STAY	.00	.00	.00	.00	5.20	2.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.07	.00	.00
TOTAL GOVERNMENT COST	0	0	0	0	27,486	3,628	0
TOTAL PATIENT COST	0	0	0	0	5,287	470	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	0	0	32,773	4,098	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	.00	.00	5,497.20	3,628.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	.00	.00	1,057.15	1,814.00	.00
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	0	0	2	0	0	0
ADMISSIONS	0	0	0	0	0	0	0
HOSPITAL DAYS	0	0	0	0	0	0	0
AVERAGE LENGTH OF STAY	.00	.00	.00	.00	.00	.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.00	.00	.00
TOTAL GOVERNMENT COST	0	0	0	543	0	0	0
TOTAL PATIENT COST	0	0	0	1,164	0	0	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	0	1,707	0	0	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	.00	.00	.00	.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	.00	.00	.00	.00	.00
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	0	0	0	0	5	5	0
ADMISSIONS	0	0	0	0	4	1	0
HOSPITAL DAYS	0	0	0	0	33	28	0
AVERAGE LENGTH OF STAY	.00	.00	.00	.00	8.25	28.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.09	.07	.00
TOTAL GOVERNMENT COST	0	0	0	0	15,360	2,943	0
TOTAL PATIENT COST	0	0	0	0	4,363	3,435	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	0	0	19,723	6,378	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	.00	.00	3,840.00	2,943.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	.00	.00	465.45	105.10	.00
GRAND TOTAL							
USER BENEFICIARIES	0	0	0	2	10	6	0
ADMISSIONS	0	0	0	0	9	2	0
HOSPITAL DAYS	0	0	0	0	59	30	0
AVERAGE LENGTH OF STAY	.00	.00	.00	.00	6.55	15.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.16	.08	.00
TOTAL GOVERNMENT COST	0	0	0	543	42,846	6,571	0
TOTAL PATIENT COST	0	0	0	1,164	9,650	3,905	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	0	1,707	52,496	10,476	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	.00	.00	4,760.66	3,285.50	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	.00	.00	726.20	219.03	.00

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREAIMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

023 - HAYS AM FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
RETIREES

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND TOTAL FOR ALL CATEGORIES
	CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY						
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	0	6	4	4	2	2	49
ADMISSIONS	0	4	3	1	0	2	39
HOSPITAL DAYS	0	40	13	3	0	4	197
AVERAGE LENGTH OF STAY	.00	10.00	4.33	3.00	.00	2.00	5.05
AVERAGE DAILY PATIENT LOAD	.00	.10	.03	.00	.00	.01	.53
TOTAL GOVERNMENT COST	0	28,291	6,654	6,104	218	7,049	168,641
TOTAL PATIENT COST	0	11,731	3,093	3,086	75	1,559	64,757
TOTAL GOVERNMENT AND PATIENT COST	0	40,022	9,747	9,190	293	8,608	233,398
AVERAGE GOVERNMENT COST/ADMISSION	.00	7,072.75	2,218.00	6,104.00	.00	3,524.50	4,324.12
AVERAGE GOVERNMENT COST/DAY	.00	707.27	511.84	2,034.66	.00	1,762.25	856.04
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	13	6	4	1	7	59
ADMISSIONS	0	3	1	1	0	0	11
HOSPITAL DAYS	0	5	2	2	0	0	27
AVERAGE LENGTH OF STAY	.00	1.66	2.00	2.00	.00	.00	2.45
AVERAGE DAILY PATIENT LOAD	.00	.01	.00	.00	.00	.00	.07
TOTAL GOVERNMENT COST	0	5,778	1,499	700	241	3,006	35,104
TOTAL PATIENT COST	0	13,053	15,008	4,782	454	9,863	123,128
TOTAL GOVERNMENT AND PATIENT COST	0	18,831	16,507	5,482	695	12,869	158,232
AVERAGE GOVERNMENT COST/ADMISSION	.00	1,926.00	1,499.00	700.00	.00	.00	3,191.27
AVERAGE GOVERNMENT COST/DAY	.00	1,155.60	749.50	350.00	.00	.00	1,300.14
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	1	6	3	2	1	1	26
ADMISSIONS	0	4	2	1	1	1	21
HOSPITAL DAYS	0	18	17	5	7	4	178
AVERAGE LENGTH OF STAY	.00	4.50	8.50	5.00	7.00	4.00	8.47
AVERAGE DAILY PATIENT LOAD	.00	.04	.04	.01	.01	.01	.48
TOTAL GOVERNMENT COST	221	17,041	28,200	9,449	9,919	3,733	133,248
TOTAL PATIENT COST	275	5,874	11,226	1,540	1,851	1,663	52,240
TOTAL GOVERNMENT AND PATIENT COST	496	22,915	39,426	10,989	11,770	5,396	185,488
AVERAGE GOVERNMENT COST/ADMISSION	.00	4,260.25	14,100.00	9,449.00	9,919.00	3,733.00	6,345.14
AVERAGE GOVERNMENT COST/DAY	.00	946.72	1,658.82	1,889.80	1,417.00	933.25	748.58
GRAND TOTAL							
USER BENEFICIARIES	1	23	13	9	4	10	122
ADMISSIONS	0	11	6	3	1	3	71
HOSPITAL DAYS	0	63	32	10	7	8	402
AVERAGE LENGTH OF STAY	.00	5.72	5.33	3.33	7.00	2.66	5.66
AVERAGE DAILY PATIENT LOAD	.00	.17	.08	.02	.01	.02	1.10
TOTAL GOVERNMENT COST	221	51,110	36,353	16,253	10,378	13,788	336,993
TOTAL PATIENT COST	275	30,658	29,327	9,408	2,380	13,085	240,125
TOTAL GOVERNMENT AND PATIENT COST	496	81,768	65,680	25,661	12,758	26,873	577,118
AVERAGE GOVERNMENT COST/ADMISSION	.00	4,646.36	6,058.83	5,417.66	10,378.00	4,596.00	4,746.38
AVERAGE GOVERNMENT COST/DAY	.00	811.26	1,136.03	1,625.30	1,482.57	1,723.50	838.29

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF RETIRED OR DECEASED

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	CATEGORY OF CARE-INTERNAL MEDICINE: ADVERSE REACTIONS	ALLERGY	CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO-ENTEROLOGY	HEMATOLOGY
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	6	2	21	2	0	5	0
ADMISSIONS	4	2	23	0	0	4	0
HOSPITAL DAYS	6	7	68	0	0	18	0
AVERAGE LENGTH OF STAY	1.50	3.50	2.95	.00	.00	4.50	.00
AVERAGE DAILY PATIENT LOAD	.01	.01	.18	.00	.00	.04	.00
TOTAL GOVERNMENT COST	6,902	3,843	79,733	316	0	19,373	0
TOTAL PATIENT COST	2,726	1,886	19,920	105	0	4,580	0
TOTAL GOVERNMENT AND PATIENT COST	9,628	5,729	99,653	421	0	23,953	0
AVERAGE GOVERNMENT COST/ADMISSION	1,725.50	1,921.50	3,466.65	.00	.00	4,843.25	.00
AVERAGE GOVERNMENT COST/DAY	1,150.33	549.00	1,172.54	.00	.00	1,076.27	.00
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	1	2	9	1	2	4	1
ADMISSIONS	0	0	1	0	0	2	1
HOSPITAL DAYS	0	0	41	0	0	4	4
AVERAGE LENGTH OF STAY	.00	.00	41.00	.00	.00	2.00	4.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.11	.00	.00	.01	.01
TOTAL GOVERNMENT COST	39	40	97,679	64	124	1,808	666
TOTAL PATIENT COST	154	159	12,090	21	536	5,810	2,355
TOTAL GOVERNMENT AND PATIENT COST	193	199	99,769	85	660	7,618	3,021
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	87,679.00	.00	.00	904.00	666.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	2,138.51	.00	.00	452.00	166.50
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	0	1	13	3	1	4	3
ADMISSIONS	0	0	9	1	0	1	3
HOSPITAL DAYS	0	0	29	1	0	6	67
AVERAGE LENGTH OF STAY	.00	.00	3.22	1.00	.00	6.00	22.33
AVERAGE DAILY PATIENT LOAD	.00	.00	.07	.00	.00	.01	.18
TOTAL GOVERNMENT COST	0	232	85,552	3,829	21	8,667	73,558
TOTAL PATIENT COST	0	77	9,995	815	7	3,152	9,713
TOTAL GOVERNMENT AND PATIENT COST	0	309	95,547	4,644	28	11,819	83,271
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	9,505.77	3,829.00	.00	8,667.00	24,519.33
AVERAGE GOVERNMENT COST/DAY	.00	.00	2,950.06	3,829.00	.00	1,444.50	1,097.88
GRAND TOTAL							
USER BENEFICIARIES	7	5	37	5	3	11	4
ADMISSIONS	4	2	33	1	0	7	4
HOSPITAL DAYS	6	7	138	1	0	28	71
AVERAGE LENGTH OF STAY	1.50	3.50	4.18	1.00	.00	4.00	17.75
AVERAGE DAILY PATIENT LOAD	.01	.01	.37	.00	.00	.07	.19
TOTAL GOVERNMENT COST	6,941	4,115	252,964	4,209	145	29,848	74,224
TOTAL PATIENT COST	2,880	2,122	42,005	941	543	13,542	12,068
TOTAL GOVERNMENT AND PATIENT COST	9,821	6,237	294,969	5,150	688	43,390	86,292
AVERAGE GOVERNMENT COST/ADMISSION	1,735.25	2,057.50	7,665.57	4,209.00	.00	4,264.00	18,556.00
AVERAGE GOVERNMENT COST/DAY	1,156.83	587.85	1,833.07	4,209.00	.00	1,066.00	1,045.40

* THE FOLLOWING CARE DOES NOT REQUIRE AN N.A.S.:
CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF RETIRED OR DECEASED

COLLECTION PERIOD: 15 MONTHS

CATEGORY OF CARE-INTERNAL MEDICINE

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)							
USER BENEFICIARIES	0	1	6	1	20	0	2
ADMISSIONS	0	0	3	0	10	0	0
HOSPITAL DAYS	0	0	10	0	41	0	0
AVERAGE LENGTH OF STAY	.00	.00	3.33	.00	4.10	.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.02	.00	.11	.00	.00
TOTAL GOVERNMENT COST	0	973	15,118	1,256	64,673	0	364
TOTAL PATIENT COST	0	324	11,338	328	13,179	0	154
TOTAL GOVERNMENT AND PATIENT COST	0	1,297	26,456	1,584	77,852	0	518
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	5,039.33	.00	6,467.30	.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	1,511.80	.00	1,577.39	.00	.00
INPATIENT CARE * (NO WAS REQUIRED)							
USER BENEFICIARIES	0	0	5	0	7	3	6
ADMISSIONS	0	0	0	0	3	0	1
HOSPITAL DAYS	0	0	0	0	11	0	2
AVERAGE LENGTH OF STAY	.00	.00	.00	.00	3.66	.00	2.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.03	.00	.00
TOTAL GOVERNMENT COST	0	0	1,525	0	5,811	566	1,772
TOTAL PATIENT COST	0	0	5,284	0	14,575	5,204	3,839
TOTAL GOVERNMENT AND PATIENT COST	0	0	6,809	0	20,386	5,770	5,611
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	.00	.00	1,937.00	.00	1,772.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	.00	.00	528.27	.00	886.00
INPATIENT CARE ** (WAS REQUIRED)							
USER BENEFICIARIES	1	2	0	0	10	4	6
ADMISSIONS	0	1	0	0	5	4	2
HOSPITAL DAYS	0	6	0	0	25	36	3
AVERAGE LENGTH OF STAY	.00	6.00	.00	.00	5.00	9.00	1.50
AVERAGE DAILY PATIENT LOAD	.00	.01	.00	.00	.06	.09	.00
TOTAL GOVERNMENT COST	579	3,875	0	0	16,769	27,779	1,241
TOTAL PATIENT COST	0	1,715	0	0	5,419	16,061	220
TOTAL GOVERNMENT AND PATIENT COST	579	5,590	0	0	22,188	43,840	1,461
AVERAGE GOVERNMENT COST/ADMISSION	.00	3,875.00	.00	.00	3,355.80	6,944.75	620.50
AVERAGE GOVERNMENT COST/DAY	.00	645.83	.00	.00	670.76	771.63	413.66
GRAND TOTAL							
USER BENEFICIARIES	1	3	10	1	35	7	14
ADMISSIONS	0	1	3	0	18	4	3
HOSPITAL DAYS	0	6	10	0	77	36	5
AVERAGE LENGTH OF STAY	.00	6.00	3.33	.00	4.27	9.00	1.66
AVERAGE DAILY PATIENT LOAD	.00	.01	.02	.00	.21	.09	.01
TOTAL GOVERNMENT COST	579	4,848	16,643	1,256	87,253	28,345	3,377
TOTAL PATIENT COST	0	2,039	16,622	328	33,173	21,265	4,213
TOTAL GOVERNMENT AND PATIENT COST	579	6,887	33,265	1,584	120,426	49,610	7,590
AVERAGE GOVERNMENT COST/ADMISSION	.00	4,848.00	5,547.66	.00	4,847.38	7,086.25	1,125.66
AVERAGE GOVERNMENT COST/DAY	.00	308.00	1,664.30	.00	1,133.15	787.36	675.40

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF RETIRED OR DECEASED

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	DENTAL	OBSTETRICS	GYNECOLOGY	OPTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)	CATEGORY OF CARE						
USER BENEFICIARIES	0	2	2	0	5	2	0
ADMISSIONS	0	0	0	0	6	1	0
HOSPITAL DAYS	0	0	0	0	46	1	0
AVERAGE LENGTH OF STAY	.00	.00	.00	.00	7.66	1.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.12	.00	.00
TOTAL GOVERNMENT COST	0	698	903	0	25,036	2,171	0
TOTAL PATIENT COST	0	233	627	0	6,779	386	0
TOTAL GOVERNMENT AND PATIENT COST	0	931	1,530	0	31,815	2,557	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	.00	.00	4,172.66	2,171.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	.00	.00	544.26	2,171.00	.00
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	6	9	2	4	3	0
ADMISSIONS	0	0	1	0	2	1	0
HOSPITAL DAYS	0	0	3	0	172	160	0
AVERAGE LENGTH OF STAY	.00	.00	3.00	.00	86.00	160.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.47	.43	.00
TOTAL GOVERNMENT COST	0	1,595	4,141	1,015	52,675	46,423	0
TOTAL PATIENT COST	0	3,336	14,333	4,062	11,609	10,212	0
TOTAL GOVERNMENT AND PATIENT COST	0	4,931	18,474	5,077	64,284	56,635	0
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	4,141.00	.00	26,337.50	46,423.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	1,380.33	.00	306.25	290.14	.00
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	0	12	3	2	9	3	1
ADMISSIONS	0	6	3	2	7	2	0
HOSPITAL DAYS	0	12	21	4	168	41	0
AVERAGE LENGTH OF STAY	.00	2.00	7.00	2.00	24.00	20.50	.00
AVERAGE DAILY PATIENT LOAD	.00	.03	.05	.01	.46	.11	.00
TOTAL GOVERNMENT COST	0	16,033	16,395	7,969	72,136	19,241	2,536
TOTAL PATIENT COST	0	5,930	8,806	2,827	18,687	6,294	394
TOTAL GOVERNMENT AND PATIENT COST	0	21,963	25,201	10,796	90,823	25,535	2,930
AVERAGE GOVERNMENT COST/ADMISSION	.00	2,672.16	5,465.00	3,984.50	10,305.14	9,620.50	.00
AVERAGE GOVERNMENT COST/DAY	.00	1,336.08	780.71	1,992.25	429.38	469.29	.00
GRAND TOTAL							
USER BENEFICIARIES	0	18	14	4	18	8	1
ADMISSIONS	0	6	4	2	15	4	0
HOSPITAL DAYS	0	12	24	4	386	202	0
AVERAGE LENGTH OF STAY	.00	2.00	6.00	2.00	25.73	50.50	.00
AVERAGE DAILY PATIENT LOAD	.00	.03	.06	.01	1.05	.55	.00
TOTAL GOVERNMENT COST	0	18,326	21,439	8,984	149,847	67,835	2,536
TOTAL PATIENT COST	0	9,499	23,766	6,889	37,075	16,892	394
TOTAL GOVERNMENT AND PATIENT COST	0	27,825	45,205	15,873	186,922	84,727	2,930
AVERAGE GOVERNMENT COST/ADMISSION	.00	3,054.33	5,359.75	4,492.00	9,989.80	16,958.75	.00
AVERAGE GOVERNMENT COST/DAY	.00	1,527.16	893.29	2,246.00	388.20	335.81	.00

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF RETIRED OR DECEASED

COLLECTION PERIOD: 15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND TOTAL FOR ALL CATEGORIES
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	1	8	4	8	1	0	68
ADMISSIONS	1	3	4	4	0	0	65
HOSPITAL DAYS	2	28	44	60	0	0	331
AVERAGE LENGTH OF STAY	2.00	9.33	11.00	15.00	.00	.00	5.09
AVERAGE DAILY PATIENT LOAD	.00	.07	.12	.16	.00	.00	.90
TOTAL GOVERNMENT COST	1,337	24,300	78,790	45,143	1,542	0	372,471
TOTAL PATIENT COST	537	10,728	14,877	19,924	514	0	109,145
TOTAL GOVERNMENT AND PATIENT COST	1,874	35,028	93,667	65,067	2,056	0	481,616
AVERAGE GOVERNMENT COST/ADMISSION	1,337.00	8,100.00	19,697.50	11,285.75	.00	.00	5,730.32
AVERAGE GOVERNMENT COST/DAY	668.50	867.85	1,790.68	752.38	.00	.00	1,125.29
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	16	3	8	4	7	83
ADMISSIONS	0	6	0	0	1	0	19
HOSPITAL DAYS	0	12	0	0	6	0	415
AVERAGE LENGTH OF STAY	.00	2.00	.00	.00	6.00	.00	21.84
AVERAGE DAILY PATIENT LOAD	.00	.03	.00	.00	.01	.00	1.13
TOTAL GOVERNMENT COST	0	11,501	2,426	2,767	2,346	1,170	226,153
TOTAL PATIENT COST	0	15,503	7,470	13,006	1,133	6,882	137,573
TOTAL GOVERNMENT AND PATIENT COST	0	27,004	9,896	15,773	3,479	8,052	363,726
AVERAGE GOVERNMENT COST/ADMISSION	.00	1,916.83	.00	.00	2,346.00	.00	11,902.78
AVERAGE GOVERNMENT COST/DAY	.00	958.41	.00	.00	391.00	.00	544.94
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	2	10	4	5	2	3	68
ADMISSIONS	0	7	4	3	1	1	62
HOSPITAL DAYS	0	22	37	17	3	17	515
AVERAGE LENGTH OF STAY	.00	3.14	9.25	5.66	3.00	17.00	8.30
AVERAGE DAILY PATIENT LOAD	.00	.06	.10	.04	.00	.04	1.41
TOTAL GOVERNMENT COST	908	15,898	35,398	19,919	2,349	5,639	436,523
TOTAL PATIENT COST	303	5,885	14,283	5,732	783	165	117,263
TOTAL GOVERNMENT AND PATIENT COST	1,211	21,783	49,681	25,651	3,132	5,804	553,786
AVERAGE GOVERNMENT COST/ADMISSION	.00	2,271.14	8,849.50	6,639.66	2,349.00	5,639.00	7,040.69
AVERAGE GOVERNMENT COST/DAY	.00	722.63	956.70	1,171.70	783.00	331.70	847.61
GRAND TOTAL							
USER BENEFICIARIES	3	31	10	20	7	10	198
ADMISSIONS	1	16	8	7	2	1	146
HOSPITAL DAYS	2	62	81	77	9	17	1,261
AVERAGE LENGTH OF STAY	2.00	3.87	10.12	11.00	4.50	17.00	8.63
AVERAGE DAILY PATIENT LOAD	.00	.16	.22	.21	.02	.04	3.45
TOTAL GOVERNMENT COST	2,245	51,699	116,614	67,829	6,237	6,809	1,035,147
TOTAL PATIENT COST	840	32,116	36,630	38,662	2,430	7,047	363,981
TOTAL GOVERNMENT AND PATIENT COST	3,085	83,815	153,244	106,491	8,667	13,856	1,399,128
AVERAGE GOVERNMENT COST/ADMISSION	2,245.00	3,231.18	14,576.75	9,689.85	3,118.50	6,809.00	7,090.04
AVERAGE GOVERNMENT COST/DAY	1,122.50	833.85	1,439.67	880.89	693.00	400.52	820.89

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
TOTAL ALL CATEGORIES OF BENEFICIARIES

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	CATEGORY OF CARE-INTERNAL MEDICINE: ADVERSE REACTIONS	ALLERGY	CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO-ENTEROLOGY	HEMATOLOGY
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	15	6	45	2	2	18	3
ADMISSIONS	6	6	33	0	0	12	1
HOSPITAL DAYS	26	23	106	0	0	42	4
AVERAGE LENGTH OF STAY	4.33	3.83	3.21	.00	.00	3.50	4.00
AVERAGE DAILY PATIENT LOAD	.07	.06	.29	.00	.00	.11	.00
TOTAL GOVERNMENT COST	13,330	11,260	130,592	316	457	35,662	3,737
TOTAL PATIENT COST	3,432	2,139	36,515	105	57	6,815	643
TOTAL GOVERNMENT AND PATIENT COST	16,762	13,399	167,107	421	514	42,477	4,380
AVERAGE GOVERNMENT COST/ADMISSION	2,221.66	1,876.66	3,957.33	.00	.00	2,971.83	3,737.00
AVERAGE GOVERNMENT COST/DAY	512.69	489.56	1,232.00	.00	.00	849.09	934.25
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	3	2	35	1	3	10	3
ADMISSIONS	0	0	7	0	0	2	0
HOSPITAL DAYS	0	0	80	0	0	4	34-
AVERAGE LENGTH OF STAY	.00	.00	11.42	.00	.00	2.00	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.21	.00	.00	.01	.09-
TOTAL GOVERNMENT COST	380	40	200,769	64	164	3,106	88,588-
TOTAL PATIENT COST	466	159	72,234	21	819	8,444	2,467
TOTAL GOVERNMENT AND PATIENT COST	846	199	273,003	85	983	11,550	86,121-
AVERAGE GOVERNMENT COST/ADMISSION	.00	.00	28,681.28	.00	.00	1,553.00	.00
AVERAGE GOVERNMENT COST/DAY	.00	.00	2,509.61	.00	.00	776.50	2,605.52
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	0	5	42	3	5	18	10
ADMISSIONS	0	3	19	1	1	7	7
HOSPITAL DAYS	0	6	68	1	5	39	152
AVERAGE LENGTH OF STAY	.00	2.00	3.57	1.00	5.00	5.57	21.71
AVERAGE DAILY PATIENT LOAD	.00	.00	.18	.00	.00	.10	.41
TOTAL GOVERNMENT COST	0	7,060	234,253	3,829	5,340	39,566	270,376
TOTAL PATIENT COST	0	507	19,881	815	399	4,871	11,410
TOTAL GOVERNMENT AND PATIENT COST	0	7,567	254,134	4,644	5,739	44,437	281,786
AVERAGE GOVERNMENT COST/ADMISSION	.00	2,353.33	12,329.10	3,829.00	5,340.00	5,652.28	38,625.14
AVERAGE GOVERNMENT COST/DAY	.00	1,176.66	3,444.89	3,829.00	1,068.00	1,014.51	1,778.78
GRAND TOTAL							
USER BENEFICIARIES	18	12	109	5	10	43	14
ADMISSIONS	6	9	59	1	1	21	8
HOSPITAL DAYS	26	29	254	1	5	85	122
AVERAGE LENGTH OF STAY	4.33	3.22	4.30	1.00	5.00	4.04	15.25
AVERAGE DAILY PATIENT LOAD	.07	.07	.69	.00	.00	.23	.33
TOTAL GOVERNMENT COST	13,710	18,360	565,614	4,209	5,961	78,334	185,525
TOTAL PATIENT COST	3,898	2,805	128,630	941	1,275	20,130	14,520
TOTAL GOVERNMENT AND PATIENT COST	17,608	21,165	694,244	5,150	7,236	98,464	200,045
AVERAGE GOVERNMENT COST/ADMISSION	2,285.00	2,040.00	9,586.67	4,209.00	5,961.00	3,730.19	23,190.62
AVERAGE GOVERNMENT COST/DAY	527.30	633.10	2,226.82	4,209.00	1,192.20	921.57	1,520.69

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY [illegible]IDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC [illegible]TMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
TOTAL ALL CATEGORIES OF BENEFICIARIES

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	CATEGORY OF CARE-INTERNAL MEDICINE: INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	4	3	20	2	54	0	10
ADMISSIONS	3	1	10	0	27	0	3
HOSPITAL DAYS	15	2	60	0	103	0	16
AVERAGE LENGTH OF STAY	5.00	2.00	6.00	.00	3.81	.00	5.33
AVERAGE DAILY PATIENT LOAD	.00	.00	.16	.00	.28	.00	.00
TOTAL GOVERNMENT COST	6,336	4,053	58,410	1,397	114,005	0	4,997
TOTAL PATIENT COST	140	347	14,197	375	29,402	0	3,485
TOTAL GOVERNMENT AND PATIENT COST	6,476	4,400	72,607	1,772	143,407	0	8,482
AVERAGE GOVERNMENT COST/ADMISSION	2,112.00	4,053.00	5,841.00	.00	4,222.40	.00	1,665.66
AVERAGE GOVERNMENT COST/DAY	422.40	2,026.50	973.50	.00	1,106.84	.00	312.31
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	2	7	0	21	6	32
ADMISSIONS	0	1	0	0	5	0	15
HOSPITAL DAYS	0	3	0	0	34	0	152
AVERAGE LENGTH OF STAY	.00	3.00	.00	.00	6.80	.00	10.13
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.09	.00	.41
TOTAL GOVERNMENT COST	0	1,641	4,226	0	46,124	1,032	224,481
TOTAL PATIENT COST	0	8,972	10,409	0	25,571	7,139	8,029
TOTAL GOVERNMENT AND PATIENT COST	0	10,613	14,635	0	71,695	8,171	232,510
AVERAGE GOVERNMENT COST/ADMISSION	.00	1,641.00	.00	.00	9,224.80	.00	14,965.40
AVERAGE GOVERNMENT COST/DAY	.00	547.00	.00	.00	1,356.58	.00	1,476.84
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	6	9	14	2	29	6	124
ADMISSIONS	0	6	5	0	11	5	94
HOSPITAL DAYS	0	60	56	0	78	45	485
AVERAGE LENGTH OF STAY	.00	10.00	11.20	.00	7.09	9.00	5.15
AVERAGE DAILY PATIENT LOAD	.00	.16	.00	.00	.21	.12	1.32
TOTAL GOVERNMENT COST	5,772	71,174	57,539	205	103,484	32,567	354,606
TOTAL PATIENT COST	1,516	7,897	838	0	15,955	16,704	2,016
TOTAL GOVERNMENT AND PATIENT COST	7,288	79,071	58,377	205	119,439	49,271	356,622
AVERAGE GOVERNMENT COST/ADMISSION	.00	11,862.33	11,507.80	.00	9,407.63	6,513.40	3,772.40
AVERAGE GOVERNMENT COST/DAY	.00	1,186.23	1,027.48	.00	1,326.71	723.71	731.14
GRAND TOTAL							
USER BENEFICIARIES	10	14	37	4	98	12	163
ADMISSIONS	3	8	15	0	43	5	112
HOSPITAL DAYS	15	65	116	0	215	45	653
AVERAGE LENGTH OF STAY	5.00	8.12	7.73	.00	5.00	9.00	5.83
AVERAGE DAILY PATIENT LOAD	.00	.17	.31	.00	.58	.12	1.78
TOTAL GOVERNMENT COST	12,108	76,868	120,175	1,602	263,613	33,599	584,084
TOTAL PATIENT COST	1,656	17,216	25,444	375	70,928	23,843	13,530
TOTAL GOVERNMENT AND PATIENT COST	13,764	94,084	145,619	1,977	334,541	57,442	597,614
AVERAGE GOVERNMENT COST/ADMISSION	4,036.00	9,608.50	8,011.66	.00	6,130.53	6,719.80	5,215.03
AVERAGE GOVERNMENT COST/DAY	807.20	1,182.58	1,035.99	.00	1,226.10	746.64	894.46

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CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
TOTAL ALL CATEGORIES OF BENEFICIARIES

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	DENTAL	OBSTETRICS	GYNECOLOGY	OPTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
CATEGORY OF CARE							
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	1	35	6	2	17	14	8
ADMISSIONS	0	12	2	0	19	12	0
HOSPITAL DAYS	0	31	6	0	139	65	0
AVERAGE LENGTH OF STAY	.00	2.58	3.00	.00	7.31	5.41	.00
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.38	.17	.00
TOTAL GOVERNMENT COST	1,315	34,263	6,439	655	104,866	37,935	8,658
TOTAL PATIENT COST	0	722	1,059	0	13,372	1,544	99
TOTAL GOVERNMENT AND PATIENT COST	1,315	34,985	7,498	655	118,238	39,479	8,757
AVERAGE GOVERNMENT COST/ADMISSION	.00	2,855.25	3,219.50	.00	5,519.26	3,161.25	.00
AVERAGE GOVERNMENT COST/DAY	.00	1,105.25	1,073.16	.00	754.43	583.61	.00
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	0	75	19	5	6	6	4
ADMISSIONS	0	2	1	0	5	4	2
HOSPITAL DAYS	0	4	3	0	260	369	173
AVERAGE LENGTH OF STAY	.00	2.00	3.00	.00	52.00	92.25	86.50
AVERAGE DAILY PATIENT LOAD	.00	.00	.00	.00	.71	1.01	.00
TOTAL GOVERNMENT COST	0	20,012	7,596	2,767	70,617	91,564	278,930
TOTAL PATIENT COST	0	48,109	24,407	9,012	11,609	10,235	2,576
TOTAL GOVERNMENT AND PATIENT COST	0	68,121	32,003	11,779	82,226	101,799	281,506
AVERAGE GOVERNMENT COST/ADMISSION	.00	10,006.00	7,596.00	.00	14,123.40	22,891.00	39,465.00
AVERAGE GOVERNMENT COST/DAY	.00	5,003.00	2,532.00	.00	271.60	248.14	1,612.31
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	0	162	27	6	39	28	33
ADMISSIONS	0	98	22	3	28	18	13
HOSPITAL DAYS	0	272	91	5	697	371	123
AVERAGE LENGTH OF STAY	.00	2.77	4.13	1.66	24.89	20.61	9.46
AVERAGE DAILY PATIENT LOAD	.00	.74	.24	.01	1.90	1.01	.00
TOTAL GOVERNMENT COST	0	314,365	89,424	15,994	315,568	95,056	272,523
TOTAL PATIENT COST	0	16,822	9,815	3,467	25,257	11,466	16,272
TOTAL GOVERNMENT AND PATIENT COST	0	331,187	99,239	19,461	340,825	106,522	288,795
AVERAGE GOVERNMENT COST/ADMISSION	.00	3,207.80	4,064.72	5,331.33	11,270.28	5,280.88	20,963.30
AVERAGE GOVERNMENT COST/DAY	.00	1,155.75	982.68	3,198.80	452.75	256.21	2,215.63
GRAND TOTAL							
USER BENEFICIARIES	1	260	52	12	59	47	39
ADMISSIONS	0	112	25	3	52	34	15
HOSPITAL DAYS	0	307	100	5	1,096	805	296
AVERAGE LENGTH OF STAY	.00	2.74	4.00	1.66	21.07	23.67	19.73
AVERAGE DAILY PATIENT LOAD	.00	.84	.27	.01	3.00	2.20	.00
TOTAL GOVERNMENT COST	1,315	369,640	103,459	19,416	491,051	224,555	560,111
TOTAL PATIENT COST	0	65,653	35,281	12,479	50,238	23,245	18,947
TOTAL GOVERNMENT AND PATIENT COST	1,315	434,293	138,740	31,895	541,289	247,800	579,058
AVERAGE GOVERNMENT COST/ADMISSION	.00	3,291.42	4,138.36	6,472.00	9,443.28	6,604.55	37,340.73
AVERAGE GOVERNMENT COST/DAY	.00	1,200.78	1,034.59	3,883.20	448.03	278.95	1,892.26

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** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

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023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
TOTAL ALL CATEGORIES OF BENEFICIARIES

COLLECTION PERIOD: 15 MONTHS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND TOTAL FOR ALL CATEGORIES
CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY							
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)							
USER BENEFICIARIES	2	33	13	23	3	5	266
ADMISSIONS	1	13	9	10	0	3	183
HOSPITAL DAYS	2	91	61	97	0	6	895
AVERAGE LENGTH OF STAY	2.00	7.00	6.77	9.70	.00	2.00	4.89
AVERAGE DAILY PATIENT LOAD	.00	.24	.16	.26	.00	.00	2.45
TOTAL GOVERNMENT COST	1,413	98,482	102,622	80,288	1,760	9,426	872,674
TOTAL PATIENT COST	537	22,675	18,596	24,683	589	1,597	183,125
TOTAL GOVERNMENT AND PATIENT COST	1,950	121,157	121,218	104,971	2,349	11,023	1,055,799
AVERAGE GOVERNMENT COST/ADMISSION	1,413.00	7,575.53	11,402.44	8,028.80	.00	3,142.00	4,768.71
AVERAGE GOVERNMENT COST/DAY	706.50	1,082.21	1,682.32	827.71	.00	1,571.00	975.05
INPATIENT CARE * (NO NAS REQUIRED)							
USER BENEFICIARIES	2	39	9	16	5	20	274
ADMISSIONS	1	13	1	1	1	0	61
HOSPITAL DAYS	2	53	2	2	6	0	1,113
AVERAGE LENGTH OF STAY	2.00	4.07	2.00	2.00	6.00	.00	18.24
AVERAGE DAILY PATIENT LOAD	.00	.14	.00	.00	.01	.00	3.04
TOTAL GOVERNMENT COST	1,537	169,680	3,925	5,410	2,587	4,712	1,052,776
TOTAL PATIENT COST	31	42,382	22,478	25,707	1,587	18,326	361,189
TOTAL GOVERNMENT AND PATIENT COST	1,568	212,062	26,403	31,117	4,174	23,038	1,413,965
AVERAGE GOVERNMENT COST/ADMISSION	1,537.00	13,052.30	3,925.00	5,410.00	2,587.00	.00	17,258.62
AVERAGE GOVERNMENT COST/DAY	768.50	3,201.50	1,962.50	2,705.00	431.16	.00	945.89
INPATIENT CARE ** (NAS REQUIRED)							
USER BENEFICIARIES	8	44	14	18	4	15	497
ADMISSIONS	3	24	12	9	4	4	397
HOSPITAL DAYS	3	124	101	39	21	25	2,867
AVERAGE LENGTH OF STAY	1.00	5.16	8.41	4.33	5.25	6.25	7.22
AVERAGE DAILY PATIENT LOAD	.00	.33	.27	.10	.05	.06	7.85
TOTAL GOVERNMENT COST	16,176	202,137	124,413	74,312	30,914	24,398	2,761,051
TOTAL PATIENT COST	2,228	12,966	26,272	14,797	2,724	2,219	227,114
TOTAL GOVERNMENT AND PATIENT COST	18,404	215,103	150,685	89,109	33,638	26,617	2,988,165
AVERAGE GOVERNMENT COST/ADMISSION	5,392.00	8,422.37	10,367.75	8,256.88	7,728.50	6,099.50	6,954.78
AVERAGE GOVERNMENT COST/DAY	5,392.00	1,630.13	1,231.81	1,905.43	1,472.09	975.92	963.04
GRAND TOTAL							
USER BENEFICIARIES	12	108	33	54	12	40	950
ADMISSIONS	5	50	22	20	5	7	641
HOSPITAL DAYS	7	268	164	138	27	31	4,875
AVERAGE LENGTH OF STAY	1.40	5.36	7.45	6.90	5.40	4.42	7.60
AVERAGE DAILY PATIENT LOAD	.01	.73	.44	.37	.07	.08	13.35
TOTAL GOVERNMENT COST	19,126	470,299	230,960	160,010	35,261	38,536	4,686,501
TOTAL PATIENT COST	2,796	78,023	67,346	65,187	4,900	22,142	771,428
TOTAL GOVERNMENT AND PATIENT COST	21,922	548,322	298,306	225,197	40,161	60,678	5,457,929
AVERAGE GOVERNMENT COST/ADMISSION	3,825.20	9,405.98	10,498.18	8,000.50	7,052.20	5,505.14	7,311.23
AVERAGE GOVERNMENT COST/DAY	2,732.28	1,754.84	1,408.29	1,159.49	1,305.96	1,243.09	961.33

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** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

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REPORT NO: FS130-001
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023 - HAYS AH FT ORD, CA (UNDUPLICATED)
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990

COLLECTION PERIOD: 15 MONTHS

GRAND TOTAL - ALL HOSPITAL DEPARTMENTS

TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)	DEPENDENTS OF ACTIVE DUTY	RETIREES	DEPENDENTS OF RETIRED OR DECEASED	TOTAL ALL CATEGORIES OF BENEFICIARIES
EMERGENCY MEDICAL TREATMENT (NO NAS REQUIRED)				
USER BENEFICIARIES	150	49	68	266
ADMISSIONS	79	39	65	183
HOSPITAL DAYS	367	197	331	895
AVERAGE LENGTH OF STAY	4.64	5.05	5.09	4.89
AVERAGE DAILY PATIENT LOAD	1.00	.53	.90	2.45
TOTAL GOVERNMENT COST	331,562	168,641	372,471	872,674
TOTAL PATIENT COST	9,223	64,757	109,145	183,125
TOTAL GOVERNMENT AND PATIENT COST	340,785	233,398	481,616	1,055,799
AVERAGE GOVERNMENT COST/ADMISSION	4,196.98	4,324.12	5,730.32	4,768.71
AVERAGE GOVERNMENT COST/DAY	903.43	856.04	1,125.29	975.05
INPATIENT CARE * (NO NAS REQUIRED)				
USER BENEFICIARIES	133	59	83	274
ADMISSIONS	31	11	19	61
HOSPITAL DAYS	671	27	415	1,113
AVERAGE LENGTH OF STAY	21.64	2.45	21.84	18.24
AVERAGE DAILY PATIENT LOAD	1.83	.07	1.13	3.04
TOTAL GOVERNMENT COST	791,519	35,104	226,153	1,052,776
TOTAL PATIENT COST	100,488	123,128	137,573	361,189
TOTAL GOVERNMENT AND PATIENT COST	892,007	158,232	363,726	1,413,965
AVERAGE GOVERNMENT COST/ADMISSION	25,532.87	3,191.27	11,902.78	17,258.62
AVERAGE GOVERNMENT COST/DAY	1,179.61	1,300.14	544.94	945.89
INPATIENT CARE ** (NAS REQUIRED)				
USER BENEFICIARIES	408	26	68	497
ADMISSIONS	314	21	62	397
HOSPITAL DAYS	2,174	178	515	2,867
AVERAGE LENGTH OF STAY	6.92	8.47	8.30	7.22
AVERAGE DAILY PATIENT LOAD	5.95	.48	1.41	7.85
TOTAL GOVERNMENT COST	2,191,280	133,248	436,523	2,761,051
TOTAL PATIENT COST	57,611	52,240	117,263	227,114
TOTAL GOVERNMENT AND PATIENT COST	2,248,891	185,488	553,786	2,988,165
AVERAGE GOVERNMENT COST/ADMISSION	6,978.59	6,345.14	7,040.69	6,954.78
AVERAGE GOVERNMENT COST/DAY	1,007.94	748.58	847.61	963.04
GRAND TOTAL				
USER BENEFICIARIES	637	122	198	950
ADMISSIONS	424	71	146	641
HOSPITAL DAYS	3,212	402	1,261	4,875
AVERAGE LENGTH OF STAY	7.57	5.66	8.63	7.60
AVERAGE DAILY PATIENT LOAD	8.80	1.10	3.45	13.35
TOTAL GOVERNMENT COST	3,314,361	336,993	1,035,147	4,686,501
TOTAL PATIENT COST	167,322	240,125	363,981	771,428
TOTAL GOVERNMENT AND PATIENT COST	3,481,683	577,118	1,399,128	5,457,929
AVERAGE GOVERNMENT COST/ADMISSION	7,816.88	4,746.38	7,090.04	7,311.23
AVERAGE GOVERNMENT COST/DAY	1,031.86	838.29	820.89	961.33

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** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

APPENDIX H (HEALTH CARE SUMMARY)

-007 (OHRJ6Q)
ATE: 29 JAN 1991
ME: 16:20:07
78,BENE ZIP

CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
023 - HAYS AH FT ORD, CA

PAGE
COLLECTION PERIOD: 15 MONTH
UNDUPLICATED

********** CATEGORY OF CARE - INTERNAL MEDICINE **********

	ADVERSE REACTIONS	ALLERGY	CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO-ENTEROLOGY	HEMATOLOGY
NPATIENT HOSPITAL SERVICES							
BENEFICIARIES	6	8	47	1	1	19	
NT OF ACT DUTY SPONSOR	2	6	7	0	1	10	
IREE	0	0	18	0	0	2	
NT OF RET OR DEC SPONSOR	4	2	22	1	0	7	
HOSPITAL ADMISSIONS	6	9	59	1	1	21	
TAL DAYS	26	29	254	1	5	85	1
GE LENGTH OF STAY (DAYS)	4.33	3.22	4.31	1.00	5.00	4.05	15.
GE DAILY PATIENT LOAD	0.07	0.08	0.70	0.00	0.01	0.23	0.
GOVERNMENT COST	10,083	15,097	458,790	2,924	3,063	57,276	169,9
PATIENT COST	2,471	1,870	52,961	125	42	11,437	11,7
GOVT AND PATIENT COST	12,554	16,967	511,751	3,049	3,105	68,713	181,6
OVT COST PER ADMISSION	1,680.50	1,677.44	7,776.10	2,924.00	3,063.00	2,727.43	21,211.0
OVT COST PER DAY	587.81	520.59	1,806.26	2,924.00	612.60	673.84	1,390.8
NPATIENT PROFESSIONAL SERVICES							
BENEFICIARIES	14	11	94	5	10	34	1
NT OF ACT DUTY SPONSOR	10	6	25	0	5	22	
IREE	0	0	39	0	2	6	
NT OF RET OR DEC SPONSOR	4	5	30	5	3	7	
R OF VISITS	22	36	380	9	19	120	11
R OF NON-VISIT SERVICES	24	14	565	6	28	150	9
GOVERNMENT COST	3,627	3,263	106,825	1,285	2,897	21,059	15,83
PATIENT COST	1,426	935	75,669	817	1,233	8,693	2,72
GOVT AND PATIENT COST	5,053	4,198	182,494	2,102	4,130	29,752	18,56
OTAL INPATIENT SERVICES							
BENEFICIARIES	18	12	109	5	10	43	1
NT OF ACT DUTY SPONSOR	11	7	27	0	5	26	
IREE	0	0	45	0	2	7	
NT OF RET OR DEC SPONSOR	7	5	37	5	3	11	
GOVERNMENT COST	13,710	18,359	565,614	4,209	5,960	78,334	185,9
PATIENT COST	3,898	2,806	128,630	942	1,275	20,130	14,6
GOVT AND PATIENT COST	17,608	21,165	694,244	5,151	7,235	98,464	200,0
OVT COST PER ADMISSION	2,285.00	2,039.89	9,586.68	4,209.00	5,960.00	3,730.19	23,190.7
OVT COST PER DAY	527.31	633.07	2,226.83	4,209.00	1,192.00	921.58	1,520.7
UTPATIENT PROFESSIONAL SERVICES							
BENEFICIARIES	642	444	1,026	1,662	407	1,016	1
NT OF ACT DUTY SPONSOR	517	273	284	1,108	118	655	8
IREE	29	39	336	162	96	107	1
NT OF RET OR DEC SPONSOR	97	133	407	394	194	255	2
R OF VISITS	692	1,370	1,968	1,987	830	1,179	3
R OF NON-VISIT SERVICES	588	1,411	2,891	2,251	852	1,539	61
GOVERNMENT COST	78,476	53,388	207,614	140,780	56,889	182,793	137,3
PATIENT COST	20,550	25,280	139,683	54,391	44,829	65,459	22,6
GOVT AND PATIENT COST	99,026	78,669	347,297	195,171	101,718	248,257	160,01
OVT COST PER VISIT	113.40	38.97	105.49	70.85	68.54	155.04	417.4
UTPATIENT CARE COST SHARED AS INPATIENT							
BENEFICIARIES	0	0	0	0	0	0	
NT OF ACT DUTY SPONSOR	0	0	0	0	0	0	
IREE	0	0	0	0	0	0	
NT OF RET OR DEC SPONSOR	0	0	0	0	0	0	
GOVERNMENT COST	0	0	0	0	0	0	
PATIENT COST	0	0	0	0	0	0	
GOVT AND PATIENT COST	0	0	0	0	0	0	
DIAL INPATIENT AND OUTPATIENT CARE							
BENEFICIARIES	650	445	1,061	1,664	413	1,039	1
NT OF ACT DUTY SPONSOR	523	274	295	1,108	122	670	
IREE	29	39	347	162	97	108	1
NT OF RET OR DEC SPONSOR	99	133	420	396	195	263	1
GOVERNMENT COST	92,185	71,747	773,228	144,988	62,849	261,132	322,8
PATIENT COST	24,448	28,085	268,314	55,333	46,104	85,589	37,1
GOVT AND PATIENT COST	116,633	99,832	1,041,542	200,321	108,953	346,721	360,0

REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
023 - HAYS AH FT ORD, CA

COLLECTION PERIOD: 1

UNDU

********** CATEGORY OF CARE - INTERNAL MEDICINE **********

	INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTI
I INPATIENT HOSPITAL SERVICES							
USER BENEFICIARIES	3	8	15	0	43	4	
DEPNT OF ACT DUTY SPONSOR	3	6	11	0	13	1	
RETIREE	0	1	1	0	12	0	
DEPNT OF RET OR DEC SPONSOR	0	1	3	0	18	3	
TOTAL HOSPITAL ADMISSIONS	3	8	15	0	43	5	
HOSPITAL DAYS	15	65	116	0	215	45	
AVERAGE LENGTH OF STAY (DAYS)	5.00	8.13	7.73	0.00	5.00	9.00	
AVERAGE DAILY PATIENT LOAD	0.04	0.18	0.32	0.00	0.59	0.12	
TOTAL GOVERNMENT COST	5,989	63,969	73,587	0	215,378	23,005	
TOTAL PATIENT COST	140	13,138	4,144	0	49,308	8,535	
TOTAL GOVT AND PATIENT COST	6,129	77,107	77,731	0	264,686	31,540	
AVG GOVT COST PER ADMISSION	1,996.33	7,996.13	4,905.80	0.00	5,008.79	4,601.00	5
AVG GOVT COST PER DAY	399.27	984.14	634.37	0.00	1,001.76	511.22	
II INPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	8	12	30	4	81	11	
DEPNT OF ACT DUTY SPONSOR	6	7	14	2	24	0	
RETIREE	1	2	7	1	29	4	
DEPNT OF RET OR DEC SPONSOR	1	3	9	1	28	7	
NUMBER OF VISITS	56	75	117	3	387	4	
NUMBER OF NON-VISIT SERVICES	3	50	178	2	408	106	
TOTAL GOVERNMENT COST	6,119	12,899	46,588	1,601	48,235	10,593	
TOTAL PATIENT COST	1,516	4,078	21,300	375	21,621	15,308	
TOTAL GOVT AND PATIENT COST	7,635	16,977	67,888	1,976	69,856	25,901	
III TOTAL INPATIENT SERVICES							
USER BENEFICIARIES	10	14	37	4	98	12	
DEPNT OF ACT DUTY SPONSOR	8	10	20	2	30	1	
RETIREE	1	2	7	1	33	4	
DEPNT OF RET OR DEC SPONSOR	1	3	10	1	35	7	
TOTAL GOVERNMENT COST	12,108	76,868	120,175	1,601	263,613	33,599	
TOTAL PATIENT COST	1,656	17,216	25,444	375	70,929	23,843	
TOTAL GOVT AND PATIENT COST	13,764	94,084	145,619	1,976	334,542	57,442	
AVG GOVT COST PER ADMISSION	4,036.00	9,608.50	8,011.67	0.00	6,130.53	6,719.80	5
AVG GOVT COST PER DAY	807.20	1,182.58	1,035.99	0.00	1,226.11	746.64	
IV OUTPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	864	53	660	28	1,859	298	
DEPNT OF ACT DUTY SPONSOR	716	32	380	21	1,118	61	
RETIREE	35	9	88	2	252	94	
DEPNT OF RET OR DEC SPONSOR	113	13	195	5	491	144	
NUMBER OF VISITS	1,014	213	1,343	33	2,410	949	
NUMBER OF NON-VISIT SERVICES	736	294	1,403	27	15,649	870	
TOTAL GOVERNMENT COST	76,533	26,020	149,237	1,885	221,545	58,925	
TOTAL PATIENT COST	26,223	11,151	52,815	576	87,446	32,864	
TOTAL GOVT AND PATIENT COST	102,756	37,171	202,052	2,461	308,991	91,789	
AVG GOVT COST PER VISIT	75.48	122.16	111.12	57.12	91.93	62.09	
V OUTPATIENT CARE COST SHARED AS INPATIENT							
USER BENEFICIARIES	0	0	0	0	0	0	
DEPNT OF ACT DUTY SPONSOR	0	0	0	0	0	0	
RETIREE	0	0	0	0	0	0	
DEPNT OF RET OR DEC SPONSOR	0	0	0	0	0	0	
TOTAL GOVERNMENT COST	0	0	0	0	0	0	
TOTAL PATIENT COST	0	0	0	0	0	0	
TOTAL GOVT AND PATIENT COST	0	0	0	0	0	0	
VI TOTAL INPATIENT AND OUTPATIENT CARE							
USER BENEFICIARIES	872	59	671	31	1,897	304	
DEPNT OF ACT DUTY SPONSOR	723	37	387	22	1,136	62	
RETIREE	35	10	90	3	262	96	
DEPNT OF RET OR DEC SPONSOR	114	13	197	6	501	147	
TOTAL GOVERNMENT COST	88,640	102,888	269,412	3,486	485,158	92,524	
TOTAL PATIENT COST	27,879	28,367	78,259	951	158,375	56,708	
TOTAL GOVT AND PATIENT COST	116,519	131,255	347,671	4,437	643,533	149,232	6

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

007 (OHRJ6Q) CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
TE: 29 JAN 1991 BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990 COLLECTION PERIOD
ME: 16:20:07 023 - HAYS AH FT ORD, CA
7B,BENE ZIP UNDUPLICATE

********** CATEGORY OF CARE **********

	DENTAL	OBSTETRICS	GYNECOLOGY	OPHTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRIC
PATIENT HOSPITAL SERVICES							
BENEFICIARIES	0	106	25	3	47	34	
NT OF ACT DUTY SPONSOR	0	100	21	1	26	28	
IREE	0	0	0	0	8	2	
NT OF RET OR DEC SPONSOR	0	6	4	2	14	4	
HOSPITAL ADMISSIONS	0	112	25	3	52	34	
TAL DAYS	0	307	100	5	1,096	805	
GE LENGTH OF STAY (DAYS)	0.00	2.74	4.00	1.67	21.08	23.68	
GE DAILY PATIENT LOAD	0.00	0.84	0.27	0.01	3.00	2.21	
GOVERNMENT COST	0	208,435	71,831	8,420	462,841	216,406	
PATIENT COST	0	8,997	6,280	375	45,226	22,125	
GOVT AND PATIENT COST	0	217,432	78,111	8,795	508,067	238,531	
OVT COST PER ADMISSION	0.00	1,861.03	2,873.24	2,806.67	8,900.79	6,364.88	
OVT COST PER DAY	0.00	678.94	718.31	1,684.00	422.30	268.83	
PATIENT PROFESSIONAL SERVICES							
BENEFICIARIES	1	240	48	11	37	29	
NT OF ACT DUTY SPONSOR	1	224	35	6	22	19	
IREE	0	0	0	2	6	5	
NT OF RET OR DEC SPONSOR	0	17	13	3	9	5	
R OF VISITS	1	119	21	10	373	124	
R OF NON-VISIT SERVICES	1	1,456	282	66	6	6	
GOVERNMENT COST	1,315	160,171	31,627	10,997	28,210	8,149	
PATIENT COST	0	56,655	29,002	12,104	5,014	1,120	
GOVT AND PATIENT COST	1,315	216,826	60,629	23,101	33,224	9,269	
TAL INPATIENT SERVICES							
BENEFICIARIES	1	259	52	12	59	47	
NT OF ACT DUTY SPONSOR	1	242	38	6	32	33	
IREE	0	0	0	2	10	6	
NT OF RET OR DEC SPONSOR	0	18	14	4	18	8	
GOVERNMENT COST	1,315	368,605	103,459	19,417	491,051	224,555	
PATIENT COST	0	65,652	35,282	12,479	50,239	23,245	
GOVT AND PATIENT COST	1,315	434,257	138,741	31,896	541,290	247,800	
OVT COST PER ADMISSION	0.00	3,291.12	4,138.36	6,472.33	9,443.29	6,604.56	
OVT COST PER DAY	0.00	1,200.67	1,034.59	3,883.40	448.04	278.95	
IPATIENT PROFESSIONAL SERVICES							
BENEFICIARIES	128	214	1,162	926	678	498	
NT OF ACT DUTY SPONSOR	111	207	802	521	440	356	
IREE	4	0	3	151	57	44	
NT OF RET OR DEC SPONSOR	13	8	358	255	185	99	
R OF VISITS	141	126	1,576	1,393	4,567	3,604	
R OF NON-VISIT SERVICES	54	417	3,027	443	368	236	
GOVERNMENT COST	12,555	121,000	252,346	148,158	297,513	226,044	
PATIENT COST	4,309	19,626	91,016	79,853	96,049	68,235	
GOVT AND PATIENT COST	16,864	140,626	343,362	228,011	393,562	294,279	
OVT COST PER VISIT	89.04	960.32	160.12	106.36	65.14	62.72	
IPATIENT CARE COST SHARED AS INPATIENT							
BENEFICIARIES	0	2	0	0	0	0	
NT OF ACT DUTY SPONSOR	0	2	0	0	0	0	
IREE	0	0	0	0	0	0	
NT OF RET OR DEC SPONSOR	0	0	0	0	0	0	
GOVERNMENT COST	0	35	0	0	0	0	
PATIENT COST	0	0	0	0	0	0	
GOVT AND PATIENT COST	0	35	0	0	0	0	
TAL INPATIENT AND OUTPATIENT CARE							
BENEFICIARIES	128	378	1,183	930	710	568	
NT OF ACT DUTY SPONSOR	111	359	818	524	457	375	
IREE	4	0	3	151	64	48	
NT OF RET OR DEC SPONSOR	13	21	363	256	194	106	
GOVERNMENT COST	13,870	489,640	355,804	167,575	788,564	450,599	
PATIENT COST	4,309	85,278	126,298	92,332	146,289	91,481	
GOVT AND PATIENT COST	18,179	574,918	482,102	259,907	934,853	542,080	

REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

HR085-007 (OHRJ6Q) CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS P
RUN DATE: 29 JAN 1991 BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990 COLLECTION PERIOD: 15
RUN TIME: 16:20:07 023 - HAYS AH FT ORD, CA
MODE: 78,BENE ZIP UNDUP

********** CATEGORY OF CARE - SURGERY **********

	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	GRAND FOR A CATEGO
I INPATIENT HOSPITAL SERVICES							
USER BENEFICIARIES	4	46	21	19	4	7	
DEPNT OF ACT DUTY SPONSOR	3	21	8	10	1	3	
RETIREE	0	10	6	3	1	3	
DEPNT OF RET OR DEC SPONSOR	1	15	7	7	2	1	
TOTAL HOSPITAL ADMISSIONS	5	50	22	20	5	7	
HOSPITAL DAYS	7	268	164	138	27	31	
AVERAGE LENGTH OF STAY (DAYS)	1.40	5.36	7.45	6.90	5.40	4.43	
AVERAGE DAILY PATIENT LOAD	0.02	0.73	0.45	0.38	0.07	0.08	
TOTAL GOVERNMENT COST	9,319	406,389	167,760	83,038	26,053	19,620	3,8
TOTAL PATIENT COST	545	38,877	31,583	19,587	2,944	1,897	3
TOTAL GOVT AND PATIENT COST	9,864	445,266	199,343	102,625	28,997	21,517	4,1
AVG GOVT COST PER ADMISSION	1,863.80	8,127.78	7,625.45	4,151.90	5,210.60	2,802.86	5,
AVG GOVT COST PER DAY	1,331.29	1,516.38	1,022.93	601.72	964.93	632.90	
II INPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	11	87	28	51	11	38	
DEPNT OF ACT DUTY SPONSOR	7	45	10	23	1	18	
RETIREE	1	21	9	9	4	10	
DEPNT OF RET OR DEC SPONSOR	3	22	9	19	6	10	
NUMBER OF VISITS	20	183	122	89	37	43	
NUMBER OF NON-VISIT SERVICES	41	624	384	439	27	178	
TOTAL GOVERNMENT COST	9,807	63,910	63,200	76,973	9,208	18,917	8
TOTAL PATIENT COST	2,250	39,146	35,763	45,600	1,957	20,246	4
TOTAL GOVT AND PATIENT COST	12,057	103,056	98,963	122,573	11,165	39,163	1,2
III TOTAL INPATIENT SERVICES							
USER BENEFICIARIES	12	108	33	54	12	40	
DEPNT OF ACT DUTY SPONSOR	8	55	10	26	1	20	
RETIREE	1	23	13	9	4	10	
DEPNT OF RET OR DEC SPONSOR	3	31	10	20	7	10	
TOTAL GOVERNMENT COST	19,126	470,299	230,960	160,011	35,261	38,537	4,6
TOTAL PATIENT COST	2,795	78,023	67,346	65,187	4,901	22,143	7
TOTAL GOVT AND PATIENT COST	21,921	548,322	298,306	225,198	40,162	60,680	5,4
AVG GOVT COST PER ADMISSION	3,825.20	9,405.98	10,498.18	8,000.55	7,052.20	5,505.29	7,
AVG GOVT COST PER DAY	2,752.29	1,754.85	1,408.29	1,159.50	1,305.96	1,243.13	
IV OUTPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	3,043	1,963	160	2,144	24	1,228	
DEPNT OF ACT DUTY SPONSOR	2,531	1,274	58	1,222	4	865	
RETIREE	144	188	38	280	9	110	
DEPNT OF RET OR DEC SPONSOR	372	502	64	643	11	253	
NUMBER OF VISITS	5,582	2,273	896	5,796	100	1,516	
NUMBER OF NON-VISIT SERVICES	1,740	2,531	4,763	3,672	169	2,197	
TOTAL GOVERNMENT COST	341,229	355,487	210,020	504,504	16,709	355,526	4,5
TOTAL PATIENT COST	73,556	139,954	49,387	223,335	19,553	98,203	1,6
TOTAL GOVT AND PATIENT COST	417,785	495,441	259,407	727,839	36,262	453,729	6,2
AVG GOVT COST PER VISIT	61.67	156.40	234.40	87.04	167.09	234.52	
V OUTPATIENT CARE COST SHARED AS INPATIENT							
USER BENEFICIARIES	0	0	0	0	0	0	
DEPNT OF ACT DUTY SPONSOR	0	0	0	0	0	0	
RETIREE	0	0	0	0	0	0	
DEPNT OF RET OR DEC SPONSOR	0	0	0	0	0	0	
TOTAL GOVERNMENT COST	0	0	0	0	0	0	
TOTAL PATIENT COST	0	0	0	0	0	0	
TOTAL GOVT AND PATIENT COST	0	0	0	0	0	0	
VI TOTAL INPATIENT AND OUTPATIENT CARE							
USER BENEFICIARIES	3,050	2,016	171	2,157	27	1,241	
DEPNT OF ACT DUTY SPONSOR	2,534	1,305	61	1,231	4	873	
RETIREE	145	198	45	283	11	113	
DEPNT OF RET OR DEC SPONSOR	375	514	65	645	12	256	
TOTAL GOVERNMENT COST	363,355	825,786	440,980	664,515	51,970	394,063	9,2
TOTAL PATIENT COST	76,351	217,978	116,733	288,522	24,454	120,346	2,4
TOTAL GOVT AND PATIENT COST	439,706	1,043,764	557,713	953,037	76,424	514,409	11,6

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

APPENDIX I

SUMMARY OF COSTS/WORKLOAD

	Total Exp	OBD's	Cost Per OBD's	Total Admiss.	Cost Per Admiss.	ALOS
MEPRS	2449541	4844	505.69	1628	1504.63	3.0
CHAMPUS	314365	272	1155.75	98	3207.80	2.77

APPENDIX J

INPATIENT SPECIALTY
FORT ORD ARMY HOSPITAL, FY 1990

UCA CODE	DESCRIPTION
AAAA	INTERNAL MEDICINE
AABA	CARDIOLOGY
AAFA	GASTROENTEROLOGY
AAHA	INTENSIVE CARE MICU
AAJA	NEUROLOGY
ABAA	GENERAL SURGERY
ABCA	INTENSIVE CARE SICU
ABEA	OPTHALMOLOGY
ABFA	ORAL SURGERY
ABGA	OTORHINOLARYNGOLOGY
ABKA	UROLOGY
ACAA	GYNECOLOGY
ACBA	**OBSTETRICS**
ADAA	PEDIATRICS
ADBA	NURSERY
AEAA	ORTHOPEDICS
AEBA	PODIATRY
AFAA	PSYCHIATRY

APPENDIX K (GLOSSARY)

1. MTF - Military Treatment Facility
   (same as Military Hospital)

2. DoD - Department of Defense

3. ALOS - Average Length of Stay

4. FY - Fiscal Year

5. OBD - Occupied Bed Day

6. NAS - Non Availability Statement

7. CHAMPUS - Civilian Health and Medical Program of the
   Uniformed Services

8. DEERS - Defense Eligibility and Enrollment Reporting
   System

9. MEPRS - Medical Expense and Performance Reporting System

LIST OF REFERENCES

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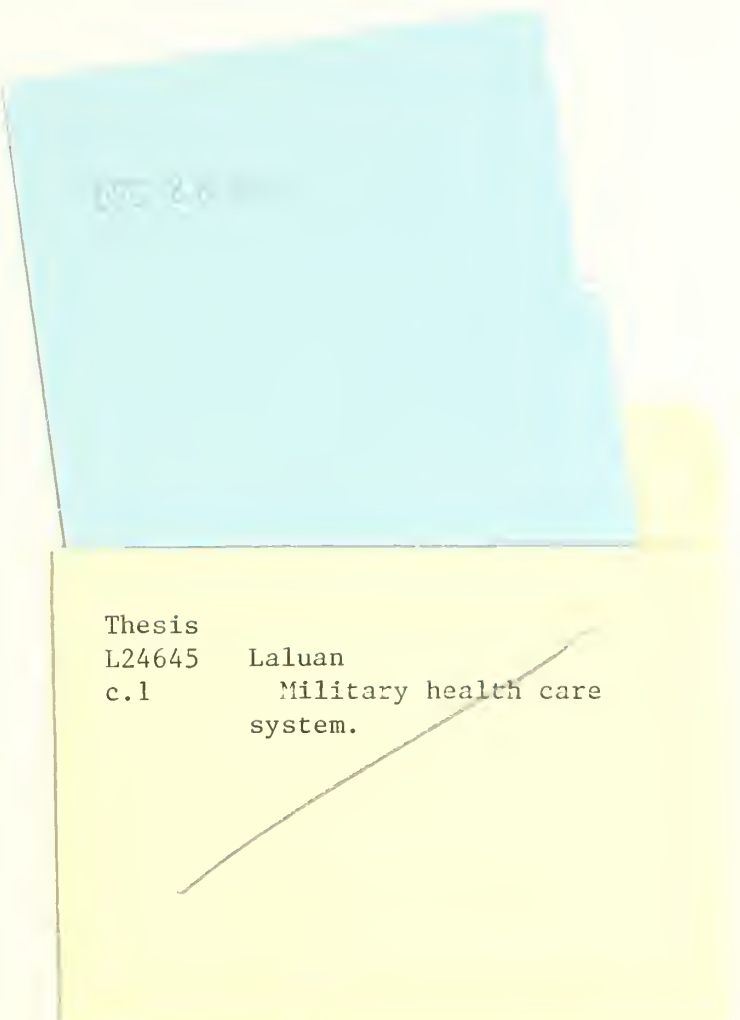
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